



# ABC Charters, Inc.

## "RESERVATION FORM"

PLEASE USE 1 SHEET

PER PASSENGER

(ABC needs Original of this form prior to departure date)

Outbound Flight#:	Outbound Date:	Category: ( ) ( ) ( ) ( ) R/T O/W R RP	Destination:
Return Flight#:	Return Date:	TSP#	TSP Name:

### US PASSPORT or US ALIEN REGISTRATION INFORMATION

Last Name:		First Name:	
Document #:	Expiration Date:	Document Type: ( ) ( ) Passport Residency	
US Address:	City:	State:	Zip Code:

### OTHER Country PASSPORT INFORMATION

Last Name:		First Name:	
Document #:	Expiration Date:	Country:	
Cuba Address:	Municipality:	Province	

### OTHER PERSONAL INFORMATION

Date of Birth:	Mother's Maiden Last Name:		
Country of Residence:	Citizenship/Nationality:	Gender: ( ) ( ) Male Female	
OFAC Category:	License #:	Authorization Code:	

#### PUBLIC CHARTER

#### OPERATOR PARTICIPANT CONTRACT

THIS AGREEMENT SETS FORTH THE TERMS AND CONDITIONS UNDER WHICH WE, **ABC CHARTERS INC. 1125 SW 87 AVE, MIAMI, FLORIDA 33174**, in return for payment of the amount indicated as the total charter price, agree to provide you this charter flight.

**RESPONSIBILITY:** We, as the principal, are responsible to you for arranging the charter flight, provided however, that in the absence of negligence on our part, we are not responsible for personal injury or property damage caused by the air carrier or other suppliers of any of the services offered in connection with the charter

**RESERVATIONS AND PAYMENT:** Attached to this Agreement is your Reservation Form. We will confirm the reservation within 7 days after receiving the Reservation Form. If the charter flight is fully booked, we will advise you of alternate travel dates. The ticket will be issued only after the reservation is confirmed, and you must pay the full charter price when the ticket is issued. All checks, money orders, and credit card drafts must be made payable to your travel agent, who in turn must remit payment to **ABC CHARTERS, INC.**

**CHARTER PRICE:** The charter price of \_\_\_\_\_ represents your cost for a charter flight that departs from \_\_\_\_\_ to \_\_\_\_\_, Cuba on \_\_\_\_\_ and returns from \_\_\_\_\_, Cuba to \_\_\_\_\_ on \_\_\_\_\_. **US Airport taxes and fees are included in the charter price.**

**AIRCRAFT:** This flight will be performed by \_\_\_\_\_, operating a \_\_\_\_\_ aircraft with \_\_\_\_\_ passenger seats. This air carrier reserves the right to substitute equivalent aircraft, if necessary.

**INSURANCE:** Health insurance is available. If you are interested in receiving more information about this coverage, please advise your travel agent.

**BAGGAGE:** The air carrier allows each passenger to bring on the flight 44 pounds of baggage. **Excess baggage over the 44 lbs will be collected at the airport.** For INTERNATIONAL flights, the air carrier's liability for lost or damaged bags is limited to the actual value of the baggage, but not more than approximately \$9.07 per pound in the case of checked baggage and \$400.00 per passenger for unchecked baggage. If, however, you declare a higher value for your baggage and **pay an additional charge** therefore in advance, the air carrier's liability will be higher. You must submit your claim to the air carrier or to us within 3 days of the charter flight. Your claim must include a copy of the Baggage Check. Unless the Baggage Check specifies the actual weight, we will presume that each checked bag weighs 44 lbs. In this case, liability is limited to \$400 per checked bag.

**SECURITY AGREEMENT:** Your payment is protected by a Surety Bond that we have obtained from **Acstar Insurance**. (the "Securer"), 233 Main St., New Britain, CT 06050. Unless you file a claim with us, or, if we are not available, with the Securer within 60 days after the completion of the charter, the Securer will be released from all liability to you under this Surety Bond

**CANCELLATION AND REFUND:** If you cancel your reservation or if you fail to travel on the charter flight, your right to receive a refund is limited, as set forth below:

**If your notice is received:** 7 to 3 days before departure; **Within 3 days before departure or Flights in December**  
**You will receive:** \$ 50%, **\$ No Refund**

All requests for refunds must be sent to us in writing or by facsimile. Refunds will be made within 14 days of receipt of your notice of cancellation.

We have no right to cancel the charter less than 10 days before departure except in circumstances that make it physically impossible to perform the charter trip. If this occurs, we will notify you as soon as possible but no later than the scheduled departure date. If the charter is cancelled, a full refund will be made to you within 14 days after cancellation. The rights and remedies made available under this contract are in addition to any other rights or remedies available under applicable law. However, we offer refunds under this contract with the express understanding that the receipt of the refund by you waives any additional remedies.

**INTERNATIONAL FLIGHTS:** The operation of the charter flight is subject to the Cuban government granting landing rights. If the air carrier cannot obtain landing rights, the flight will be cancelled, and a full refund will be made to you automatically.

I have read and agree to the terms and conditions of the Operator-Participant Contract. I have signed up for the flight specified above and on the Reservation Form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Tel#: \_\_\_\_\_

# TRAVEL AFFIDAVIT

I understand that under current United States travel restrictions with respect to Cuba, travel related transactions are prohibited except for the following categories and that by signing my name at the bottom of this affidavit, I am declaring that I fall under the category I have checked below:

1. **Official government** travelers – U.S. and foreign government officials including representatives of international organizations of which the United States is a member, who are traveling on official business.

2. Persons regularly employed as **journalists** by a news reporting organization and persons regularly employed as **supporting broadcast or technical personnel** who travel to Cuba to engage in **journalistic** activities.

3. Persons traveling **once in a three year** period to visit close relatives in Cuba in circumstances of **humanitarian need**.

4. Full-time professionals whose travel transactions are directly related to non-commercial, academic research in their professional areas and whose research will comprise a full work schedule in Cuban and have a substantial likelihood of dissemination.

5. Full-time professionals whose travel transactions are directly related to attendance at professional meetings or conferences in Cuba organized by an international professional organization (not headquartered in the U.S.) That regularly sponsors meetings or conferences in other countries. The purpose of the meeting or conference does not promote tourism or other commercial activity involving Cuba or the production of biotechnological products.

6. Persons who have received a specific license from OFAC **prior** to traveling. My OFAC License Number is:

\_\_\_\_\_

Name  
(Nombre) \_\_\_\_\_

Phone Number  
(Numero Telefonico) \_\_\_\_\_

Yo entiendo que bajo las actuales restricciones de viaje de los Estados Unidos referente a Cuba, cualquier transacción de viaje esta prohibida excepto por las siguientes categorías y que firmando esta planilla estoy declarando que viajo bajo una de estas categorías:

1. **Oficiales del gobierno** estadounidense y extranjeros incluyendo representantes de organizaciones internacionales de las cuales Estados Unidos es tambien un miembro, quienes viajan por asuntos oficiales.

2. Personas regularmente empleadas como **periodistas** por agencias noticiosas y como **personal de apoyo técnico para radiodifusoras** quienes viajan para participar en actividades periodísticas.

3. Personas que viajan **una vez en un periodo de tres años** para visitar familiares cercanos en Cuba en circunstancias de **necesidad humanitaria**.

4. Profesionales que trabajan tiempo completo y cuyas transacciones de viaje estan directamente relacionadas con investigación académica no comercial en las areas de su profesión y cuya investigación llenará un program de trabajo completo en Cuba y tiene la posibilidad sutancial de ser diseminada.

5. Profesionales que trabajan tiempo completo cuyas transacciones de viaje estan directamente relacionadas con asistir a reuniones y conferencias profesionales en Cuba organizadas por instituciones u organizaciones (cuyas oficinas no tienen como base los Estados Unidos) que regularmente organizan éstas en otros países. El propósito de la reunión o conferencia no promueve el turismo u otra actividad comercial en Cuba o la producción de productos biotecnológicos.

6. Personas que han recibido una licencia especifica de OFAC **antes** de viajar. El número de mi Licencia de OFAC es:

\_\_\_\_\_

Date of Birth  
(Fecha de Nacimiento) \_\_\_\_\_

Address  
(Direccion) \_\_\_\_\_

I certify that the above information is true and correct. (Afirmo que la información dada es verídica y correcta).

Signature  
(Firma) \_\_\_\_\_

Date  
(Fecha) \_\_\_\_\_

**Witnessed by licensed TSP or CSP (Firma de testigo del empleado del Proveedor de Servicios autorizado)**

\_\_\_\_\_  
Name [print] (Nombre [letra de imprenta])

\_\_\_\_\_  
Signature (Firma)

\_\_\_\_\_  
Service Provider's Name (Nombre del Proveedor de Servicios)



**ABC Charters, Inc.**

1125 SW 87 Avenue  
Miami, Florida 33174

Email: sales@abc-charters.com

Tel: (305) 263-6829  
Fax: (305) 263-7187

**CREDIT CARD AUTHORIZATION FORM**

I

FROM

\_\_\_\_\_  
CREDIT CARD HOLDER NAME

\_\_\_\_\_  
NAME OF COMPANY

**DO HEREBY AUTHORIZE ABC CHARTERS, INC. TO CHARGE TO MY CREDIT CARD:**

THE AMOUNT OF:

\$ \_\_\_\_\_

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CREDIT CARD MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CARD HOLDER SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE INCLUDE BACK & FRONT COPY OF CREDIT CARD:**

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