



Marazul Charters Inc.
1 Marine Plaza, Suite 302
North Bergen, NJ, 07047
Tel (201) 319-1054
Outside NJ 800-223-5334 (toll-free)
Fax (201) 319-8970
Email malonso@marazul.com
www.marazulcharters.com

**Advancing Women's Human Rights, Racial Justice, and
Social Welfare Research Program
May 14-25, 2011**

**Deadline: By April 4th we must receive your application and \$200 deposit.
The deposit is non-refundable if you are accepted.
Final payment due no later than April 14th.**

Marazul Program Consultants: U.S. Women and Cuba Collaboration

Full Name (as on passport): _____

Home Address: _____
street city state zip

Birth Date: _____ Birth Place: _____

Passport Number: _____ Exp. Date: _____

Citizenship: _____ Gender: ____ F ____ M

If not a U.S. citizen, # of Alien Registration Card or Visa: _____ Exp. Date: _____

Email: _____

Telephone: daytime (____) _____ evening (____) _____

Fax: (____) _____ Mother's Maiden Name: _____

Emergency Contact Number: _____

____ Please find enclosed my certified check or money order made payable to Marazul Charters, Inc. for \$200 deposit or full payment, or please find attached the credit card authorization form.

COST: \$2,300 per person in a double room from Miami (includes roundtrip air from Miami, accommodations with breakfast daily, other meals as indicated in the program, transportation, bi-lingual guide, and full research program of site visits, meets, and exchanges

\$2,515 per person in a single room

____ Single Room

____ Double Room (please indicate with whom you will be sharing, if known): _____

1. Occupation and position, community involvement, relevant educational background: _____

2. Do you speak Spanish? _____

3. Have you traveled to Cuba before? If yes, when and for how long? _____

4. Have you ever participated in solidarity or social justice work with Cuba, other countries, or within the US? Please describe. _____

5. Interests in Cuba: _____

6. What do you hope to accomplish / learn from / contribute to this delegation? _____

7. What has been your travel or work experience with people whose backgrounds are different than your own? _____

8. What has been your interest in or involvement with women's rights, social and economic justice, or peace work?

9. Do you have any special health needs, including but not limited to allergies, disabilities, etc.? Are you on a special diet (food allergies, etc.)? Are you vegetarian or vegan? Are you taking medication? If yes, please explain. **Please note: We will make every effort to help with any special needs you have, but please understand that Cuba is a resource-stressed country and it may not be possible to fully accommodate you.**

10. Under conditions of the General License for travel to Cuba, each delegation participant makes a commitment to disseminate information about her research in Cuba after her return home, and under provisions of the US Women and Cuba Collaboration delegation goals, each delegation participant makes a commitment to continue work to end the US embargo against Cuba for one year after her return home. Please briefly note what kind of follow-up work you would plan to do.

Delegation Commitment Agreement

I hereby agree to the conditions stated in Number 7, above:

_____ I Agree

_____ I Do Not Agree

_____ Write your Initials

_____ Date

Please feel free to add any additional information that you feel is relevant.



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VISA INFORMATION*: All travelers must have a valid passport and a Cuban visa. You are responsible for having proper documentation on your person to enter Cuba as well as to re-enter the United States and proper documentation to travel via a third country (if necessary) to Cuba. For certain categories of travel Marazul can issue a Cuban visa. The Cuban Government retains the right to grant or deny visas. We are not able to issue Press or Religious or Academic Visas.

***Very Important: persons born in Cuba, no matter what your current citizenship, will require additional documentation. Please contact our office for further information.**

CANCELLATION AND REFUND POLICY:

Requests for GROUP arrangements to Cuba require \$200 deposit. Balance is due upon receipt of your invoice.

Programs to Cuba are subject to the following cancellation charges if you cancel for any reason:

If your notice is received:	You will receive:
30 or more days before departure.....	Full refund less \$200 nonrefundable deposit
29 to 14 days before departure.....	Full refund less 100% airfare + 50% of program cost
13 days or less before departure.....	No refund

Above charges do not include cancellation charges imposed by the airlines for any connecting flights to/from your point of departure to Cuba. Nor do they include air tickets from Mexican, Canadian or other cities to Havana bought on a non-refundable basis. Marazul Charters, Inc. accepts no responsibility for the issuance or denial of licenses by the Office of Foreign Assets Control nor for the issuance or denial of visas by Cuba.

RESPONSIBILITIES

Marazul Charters, Inc. and its employees, shareholders, officers, directors, successors, agents, and assigns, neither own nor operate any person or entity which is to, or does, provide goods or services for these trips or tours. Because Marazul Charters, Inc does not maintain any control over the personnel, equipment, or operations of these suppliers, Marazul Charters, Inc assumes no responsibility for and cannot be held liable for any personal injury, death, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be occasioned by reason of (1) any wrongful, negligent, willful, or unauthorized acts or omissions on the part of any of the tour suppliers, or other employees of agents, (2) any defect in or failure of any vehicle, equipment, instrument owned, operated or otherwise by any of these suppliers, or (3) any wrongful, willful, or negligent act or omissions on any part of any other party not under the supervision or control of the Operator (4) sickness, weather, strikes, hostilities, wars, terrorist acts, acts of nature, local laws or other such causes. All services and accommodations are subject to the laws and regulations of the country in which they are provided. Marazul Charters, Inc is not responsible for any baggage or personal effects of any individual participating in the trips arranged by Marazul Charters, Inc. Individual travelers are responsible for purchasing a travel insurance policy, if desired, that will cover some of the expenses associated with the loss of luggage or personal effects.

LIABILITY RELEASE STATEMENT

I, _____, have read the disclaimer stated above and I hereby release and discharge Marazul Charters, its agents, employees, officers, directors, shareholders and successors from and against any and all liability arising from my participation in this trip. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being my intention to fully assume all risk of travel and to release Marazul Charters, Inc from any and all liabilities to the maximum permitted by law.

Signature

Name

Dates of travel

Address (Street)

City

State

Zip (continued)



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U.S. LICENSE REQUIREMENTS

Complete the application requirements for your appropriate Category from the three listed below. Most of you will use the one listed first, Category 3.

Full-time professionals conducting academic research (Category 3 in the Travel Affidavit)

- **RESUME REQUIREMENT** for travel under the General License for Professional Research

___ Please find **attached** a copy of my resume indicating my educational background and professional status.

- **SIGNED STATEMENT REQUIREMENT** for travel under the General License for Professional Research

Upon request by the Office of Foreign Assets Control (OFAC) of the U.S. Treasury Department, I will be able to demonstrate that:

I am a full-time professional whose travel transactions are directly related to conducting research in my professional area in Cuba, and that:

- 1-my research is of a non-commercial, academic nature
- 2- my research comprises a full work schedule in Cuba, and
- 3- my research has a substantial likelihood of public dissemination

Signature

Name

Date

Persons traveling for Educational Activities in Cuba (Category 10 of the Travel Affidavit)

- **SIGNED STATEMENT REQUIREMENT** for travel under the General License for Educational activities in Cuba

___ Please find attached a copy of my official letter, signed by a designated representative of the accredited school or university, authorizing my travel and indicating the conditions of my travel to Cuba.

- Non-commercial academic research specifically related to Cuba and for the purpose of obtaining a graduate degree. The graduate student must send a letter on official letterhead, signed by a designated representative of the institution, stating that the student is currently enrolled in a graduate degree program and that the research in Cuba will be accepted for credit toward that degree.

Persons traveling under a Specific License (Category 12 of the Travel Affidavit)

- **REQUIREMENTS FOR THOSE TRAVELING UNDER SPECIFIC LICENSES**

___ Please find attached a copy of all pages of the SPECIFIC LICENSE under which I am traveling and – if I am not listed by name on the Specific License - the Authorization Letter from the licensed entity on their stationery stating that I am authorized to travel under this license and including my dates of travel.

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CREDIT CARD AUTHORIZATION

Dear Client,

In order to authorize Marazul Charters, Inc. to charge your credit card for the services indicated, please fill out and return this form to our office at the address listed above or via fax with a copy of both sides of your credit card.

Charges can only be made to the actual traveler's credit card – except for spouses and children. In this case, we also require a copy of the credit card holder's driver's license or photo i.d.

We reserve the right to refuse to accept charges to any credit card not issued to the traveler.

FIRST NAME _____ **M.I.** _____ **LAST NAME** _____
(credit card holder – as it appears on your credit card)

BILLING ADDRESS _____

TEL (Days) _____ **(Evenings)** _____

FAX _____ **EMAIL** _____

TYPE OF CREDIT CARD – Choose one (no other cards accepted): **VISA** _____ **MASTER CARD** _____
AMERICAN EXPRESS _____

ACCOUNT NUMBER _____ **EXP.DATE** _____ / _____ / _____

Credit Card Security Code* _____
* The last 3 digits found on the signature strip on the reverse side of your VISA or MASTERCARD
Or the 4 digits found on the front side of your AMERICAN EXPRESS CARD

SIGNATURE _____ **DATE** _____
(authorized signature)

► **AMOUNT AUTHORIZED: \$** _____ **DATES OF TRAVEL** May 14-25, 2011

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TRAVEL AFFIDAVIT - Page 6 of 6

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.

General Licenses

1. I am a U.S. or foreign government official or a representative of an international organization of which the United States is a member, and I am traveling on official business.
2. I am regularly employed as a journalist by a news reporting organization, or I am regularly employed as supporting broadcast or as a technical person, and I am traveling to Cuba to engage in journalistic activities.
3. I am a full-time professional whose travel transactions are directly related to non-commercial, academic research in my full-time professional area, and my research will comprise a full work schedule in Cuba and have a substantial likelihood of public dissemination.
4. I am a full-time professional whose travel transactions are directly related to attending a professional meeting or conference in Cuba, which is organized by an international professional organization not headquartered in the United States that regularly sponsors meetings or conferences in other countries. The purpose of the meeting or conference is not to promote tourism or other commercial activity involving Cuba or the production of biotechnological products.
- 5 (a). I am traveling to visit a close relative in Cuba, who is (i) a Cuban national, (ii) related to me by blood, marriage, or adoption and (iii) is no more than three generations from me or from a common ancestor, or
5 (b). I share a common dwelling as a family with a generally-licensed family traveler in 5(a) above, and I am accompanying the licensed traveler on a family visit.
6. (a) I am visiting a close relative, who is a U.S. Government employee assigned to the U.S. Interests Section in Havana, or
6 (b). I share a common dwelling as a family with a generally-licensed family traveler in 6(a) above, and I am accompanying the licensed traveler on a family visit.
- 7 (a). I am regularly employed or duly appointed by a producer or distributor of agricultural commodities, and my travel is incident to commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of agricultural commodities that appear consistent with export or re-export licensing policy of the U.S. Department of Commerce ("DOC").
7 (b). I am regularly employed or duly appointed by a producer or distributor of medicine or medical devices, and my travel is incident to commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of medicine or medical devices that appear consistent with export or re-export licensing policy of DOC.
8. I am regularly employed or duly appointed by a telecommunications service provider, and my travel is for the commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of telecommunications-related items that have been authorized for commercial export or re-export to Cuba by DOC.
9. I am regularly employed or duly appointed by a telecommunications service provider, and my travel is for participation in professional meetings for the commercial marketing, sales negotiation, or performance under contracts for the provision of telecommunications services, or the establishment of facilities to provide telecommunications services.
10. I am a faculty member, staff person, or student of an accredited U.S. graduate and undergraduate degree-granting academic institution (the "University"), and my travel is for (a) participation in a structured educational program in Cuba as part of a course offered for credit by the University, (b) non-commercial academic research in Cuba specifically related to Cuba and for the purpose of obtaining a graduate degree, (c) participation in a formal course of study at a Cuban academic institution, which will be accepted for credit toward a graduate or undergraduate degree, (d) teaching at a Cuban academic institution by a person, who is regularly employed in a teaching capacity at the University, when such teaching in Cuba will be no shorter than 10 weeks, or (e) organization of, and preparation for, educational activities authorized in the Regulations.
11. I am a member or staff of a U.S. religious organization, and my travel is for participation in a full-time program of religious activities in Cuba.

Specific License

12. I have a specific license from OFAC, which was issued prior to my trip. My OFAC license # is _____

Name: _____ Date of Birth: _____

Phone Number: _____ Address: _____

I certify that the above information is true and correct. _____

SIGNATURE: _____ DATE: _____

Witnessed by OFAC authorized Travel Service Provider (TSP)

Name (print) _____ Signature _____

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