



2010 SYMPOSIUM REGISTRATION PACKET

OFAC License #: CT-14977

THE CUBA AIDS PROJECT

RESPONSIBILITY OF DELEGATES SELECTED TO BE PART OF The CUBA AIDS PROJECT 2010 SYMPOSIUMS:

Thank you for your interest in the CUBA AIDS PROJECT 2010 SYMPOSIUMS. Individuals who apply for, and are ultimately selected to be part of a delegation for one of the Cuba AIDS Project Symposiums during the 2010 program year do so under the auspices of the humanitarian license held by the Cuba AIDS Project. This license is issued for a very specific purpose under the licensing authority of the United States Department of Treasury Office of Foreign Assets Control. What this means is that individuals who are part of a Cuba AIDS Project delegation must travel to Cuba for the very specific purpose of participating events established under the symposium itinerary and to bring specific humanitarian supplies to Cuba that will benefit the HIV/AIDS support group led by Father Fernando de la Vega at Monseratte Church, Galiano at Concordia Streets, Central Habana, CUBA which the Cuba AIDS Project is affiliated. More specifically, individuals who are subsequently selected to be part of a Cuba AIDS Project delegation must do the following:

- *Present a valid passport. Please note that your passport must be valid for a minimum of 6 months to the end of your travel dates. You will NOT be allowed into Cuba if your passport expires less than 6 months prior to commencement of the scheduled symposium
- *Submit a fully completed application to the Cuba AIDS Project
- *Include with your application an registration fee of \$395.00 that is utilized for Cuba AIDS Project operations and financial support to the specific NGO projects supported by the Cuba AIDS Project
- *Travel to Cuba with medical and personal hygiene products and/or cash donations worth a minimum of \$150.00
- *Arrange and pay for the cost of their personal air and lodging and other subsistence expenses during the period of the Cuba AIDS Project Symposium, including application for (see attached Cuba Charter Flight Application) travel arrangements with an OFAC approved travel agency authorized by the United States government to arrange charter flights to Cuba.
- *Attend all scheduled events that are part of the planned symposium for which you are selected to be a part.

INSTRUCTIONS ON HOW TO FULLY COMPLETE CUBA AIDS PROJECT APPLICATION:

Please fill out all required information in the attached application. To the extent you have any questions or need additional information in connection with the completion of this application, email the Cuba AIDS Project and we will respond as soon as we can: costa@cubaaidproject.com or call us at 973-462-0702

Make out your registration fee in the amount of \$395.00 to the Cuba AIDS Project and include this check or money order in your completed application packet. Mail back ALL 6 PAGES OF THIS APPLICATION.

Sign all required areas of the application form. Failure to include your signed application form and full payment will delay application processing. **Make check or money order payable to:**

The Cuba AIDS Project

Once completed, mail completed application and check in the amount of \$395.00 to:

**The Cuba AIDS Project
c/o Costa Mavraganis,
Cuba AIDS Project Coordinator,
P.O. Box 234, Mt. Freedom, NJ 07970 USA**

This application is for "single use" travel and may be modified further pending any US Treasury rules or regulations regarding licensed humanitarian travel to Cuba. This application supercedes prior policies and procedures of Cuba AIDS Project in order for Cuba AIDS Project to be effective and in compliance with USA laws.

Application Checklist:

- Have you carefully read the entire application?
- Have you included your registration fee?
- Have you included a photocopy of your passport?
- Have you included supporting evidence for Verification of Qualification?
- Have you signed off on page 5 and page 6?

Application for Travel to Cuba with The Cuba AIDS Project

Travel Information:

Dates of Intended travel to Cuba: _____

List any special dietary needs, medical conditions, allergies, routine medications, or disabilities that may affect your participation in this trip: _____

(You MUST bring your own medications to Cuba as they are likely unavailable in the country)**

Personal Information:

Surname: _____ Middle Name: _____ First Name: _____
(EXACTLY AS IT APPEARS ON YOUR PASSPORT!)

Gender: (check one) Male: _____ Female: _____

Date of Birth: (month/date/year) _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: Home: (____) _____ Work: (____) _____ Fax: (____) _____

Primary Email address: _____ @ _____

Acknowledgment of Conditions and Certification by Signature and Date:

Individual Humanitarian Donation Commitment: As a condition to travel for Cuba AIDS Project, I agree to carry medicine, food, humanitarian supplies, and/or cash contributions VALUED AT A MINIMUM OF \$150 (One Hundred and Fifty United States dollars) to Cuba that I will obtain at my own cost and obtain a receipt for its delivery that I will send back to Cuba AIDS Project upon my return from Cuba.

Non Refundability of Registration Fees: Registration Fees paid to the Cuba AIDS Project are completely non-refundable unless the trip is cancelled for any reason upon which a nominal administrative fee (\$50) per traveler is retained by the Cuba AIDS Project and the remaining funds are returned to the applicant.

Liability for Cancellation: The Cuba AIDS Project reserves the right to cancel the Cuba AIDS Symposium at any time prior to commencement of scheduled symposium. All applicants and participants acknowledge, understand and agree that the total potential liability of Cuba AIDS Project to the undersigned or his/her assignee is limited to the monies Cuba AIDS Project has actually received from the undersigned. Any fees paid for food and lodging, visas, tourist cards, airline tickets, insurance, car rentals, transportation, etc. are non-refundable unless alternative arrangements have been made between a travel agent and the undersigned applicant.

Acknowledgment and Understanding and Purpose of Cuba AIDS Project and Compliance Requirements: It is the intention of the Cuba AIDS Project to maintain the integrity of our license and those AIDS patients in Cuba who benefit by the humanitarian efforts of the Cuba AIDS Project. In this regard, it is understood that no single individual affiliated with Cuba AIDS Project symposiums will be knowingly permitted to impede on these goals. Applicants understand that the Cuba AIDS Project is not a licensed OFAC travel services provider and does not engage in travel related services to, from or within Cuba or the USA. It is understood and acknowledged further that the Cuba AIDS Project does not have a direct or indirect commercial relationship with any governmental entity of Cuba or with a Cuban national and that it fully complies with all USA laws, rules and regulations regarding Cuba. As a traveler under the Cuba AIDS Project OFAC issued license, applicants agree, by signing this application, to comply with all USA laws, OFAC rules, regulations and orders regarding travel to, from and within Cuba and that the intention of the undersigned applicant's travel is to help fulfill the full time medical programs and other humanitarian activities of Cuba AIDS Project. Failure to comply with the above referenced licensing requirements and the specific licensing purposes of the Cuba AIDS Project could result in referral of individual violations to the Office of Foreign Assets Control (*see* OFAC web page for a more detailed explanation on heavy financial and other penalties).

Signature of Applicant: _____ **Date:** _____

General Release of Liability Certification by Signature and Date :

**** Please read carefully before signing this release of liability and waiver of certain legal rights**

I, the undersigned, being at least 18 years old, hereby release and indemnify Cuba AIDS Project, its affiliates, their respective officers, directors, agents, servants and employees (hereinafter "Cuba AIDS Project") of and from any liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, including death to you or a third party, that may be sustained as a result of participating in a trip to Cuba, including, but not limited to, those injuries and damages caused by the negligence and/or breach of warranty, express or implied, on the part of Cuba AIDS Project.

I, the undersigned, agree to comply fully with all USA and Cuban laws, rules, and regulations while a participant in a trip to Cuba under the licenses of the Cuba AIDS Project. I have been advised to read and have a working knowledge of the contents of any publications related to travel to Cuba issued by the U.S. State Department and the U.S. Treasury Department, esp. the Office of Foreign Assets Control. I fully understand that my request and application to travel to Cuba through the Cuba AIDS Project does not guarantee me travel to Cuba by Cuba AIDS Project and does not require the Government of Cuba to issue a tourist card or visa to me.

I, the undersigned, contractually agree that any and all disputes between myself and Cuba AIDS Project arising from my participation in a trip to Cuba and including any claims for personal injury and/or death, WILL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY and EXCLUSIVE JURISDICTION thereof will be in the state court residing in the county where the alleged tort occurred or the federal courts of the State of New Jersey.

In the event any section of this release is found to be unenforceable, the remaining terms shall be fully enforceable. This release shall be binding to the fullest extent permitted. This release shall be binding upon my assignees, subrogors, distributees, heirs, next-of-kin, executors, personal representatives, and administrators and may be pled by travel agencies or others as employed by Cuba AIDS Project as a complete bar and defense against any claims, demand, action or causes of action by or on behalf of the participant in travel to Cuba.

I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Applicant: _____ **Date:** _____