

The SuperCruise VISM

APPLICATION FOR TRAVEL AGENT PROGRAM
6th Annual Capital Jazz SuperCruise
Carnival Freedom Cruise Ship • October 20-28, 2012

Name of Agent: _____

Name of Agency: _____ Home-based agency? __ Yes __ No

IATA #: _____ CLIA #: _____ Daytime Phone: _____

Note: IATA or CLIA membership is required for approval.

Web Site of Travel Agency: _____

Mailing Address: _____

Street Address (if different from above): _____

(No PO Boxes please)

E-mail Address: _____

Please confirm your agreement to the following statement:

"I certify that I am a travel agent in good standing with the above licensed and bonded agency. If my application is approved, I agree to indemnify, defend, and hold harmless Capital Jazz Productions and its employees for any and all liabilities, damages, actions, claims, expenses, and costs, including, without limitation, reasonable attorney's fees, which result or arise from or are based on a) the negligence or willful misconduct of myself, my agents, and/or my employees, or b) any misrepresentation or breach of a covenant or agreement made by me with my client(s) with regard to the Capital Jazz SuperCruise."

Signature: _____ Date: _____

Please complete this application form and the attached W-9 form.

Fax both completed documents to **301-560-5979**.

If you prefer, you may mail your application to:

CAPITAL JAZZ SUPERCruise
Attn: Travel Agency Bookings
PO Box 2129
Upper Marlboro, MD 20773

If you have any questions, please call 301-780-9300

