

# Fam Seminar Reservation Form

## Outside Sales Support Network

### Travel Agent Participant Agreement

OSSN is proud to serve as coordinator of these Fams or Fam/Seminars. The reservation and application process via the Web is a five-step process as outlined below.

- Complete and Submit
- Fax
- Mail
- Be Patient
- Insure Your FAM

For further information, email [info@ossn.com](mailto:info@ossn.com) or call (941) 322-9700. Limit two agents per agency.

#### 1. Complete and Submit

Please accurately complete all the requested information and either click the "Submit Application" button below, or print this form out and fax it to OSSN at (561) 658-3922 to guarantee your reservation.

\* Name of Ship or Fam Location:

\* Departure Date:

\* Name of Travel Agent:

\* Email Address (username@domain.com):

Agent Status (check all that apply):

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Owner     | <input type="checkbox"/> Outside Sales    | <input type="checkbox"/> Commercial Agent       |
| <input type="checkbox"/> Manager   | <input type="checkbox"/> OSSN Member      | <input type="checkbox"/> Vacation Specialist    |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Group Specialist | <input type="checkbox"/> Independent Contractor |

Citizenship:

Companion Citizenship:

Name on Passport:

Passport Number

Date of Birth:

\* TRUE/IATA or CLIA Number:

Share Arrangements: \*\*

Non-Smoking

Smoking

Companion's Name on Passport

Companion's Passport Number

Companion's Date of Birth

Companion Is:

Non-industry

Industry

\* Name of Travel Agency:

\* Agency Address:

\* City, State, Zip:

\* Agency Phone Number with Area Code:

Agency Fax Number with Area Code:

Agent's Home Address:

City, State, Zip:

Home Phone Number with Area Code:

Home Fax Number with Area Code:

Do You Have A Handicap or Medical Need? If so provide details below:

Comments:

### Payment

You must put a credit card number on application to hold the booking for **two days**. We will send a confirmation letter by fax upon receiving application (within two days). If payment is not received in a timely manner, your reservation request will be declined. Rates are cruise only.

My check is being mailed in the amount of:

To guarantee my booking, please use my:

Visa     MasterCard     American Express

\* Name on Credit Card:

\* Credit Card Number:

\* Expiration Date:

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### 2. Fax

Full-time agents, part-time agents, outside sales agents and independent contractors must show proof of industry affiliation. Accepted forms of identification are an IATAN ID card, IATAN list, current CLIA certificate, TRUE Certificate, TIDS or OSSN Active Membership Card. Eligibility requirements vary among suppliers.

You must fax any of the above to **(941) 981-1902**.

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### 3. Mail

Once you have received OSSN's E-Mailed Confirmation for your FAM booking then mail all the following items below to OSSN. Please note that a specific number of days is given on your confirmation within which time payment must be received. If you prefer to use credit card for payment, then OSSN will add a 4% fee and fax you a credit card authorization form to be filled out and faxed back to OSSN upon your request.

Here is what you need to fax to 941-981-1902 once you are confirmed:

- Personal or Agency Check for Payment
- Copy of Eligibility
- Completed Application (print this page after completing it)

**Or Mail to this address:**

Outside Sales Support Network  
22410 68th Avenue East  
Bradenton, FL 34211

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#### **4. Be Patient**

OSSN will fax or E-Mail confirmation within two days of receiving the reservation form.

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#### **5. Insure Your FAM!**

Why take a chance if you have to cancel your FAM. Now you can insure yourself and your traveling companions. [Click here](#) to insure your FAM with OSSN if you have to cancel.