



HOTEL ID # _____

DOLPHIN INTERACTION CONCIERGE INCENTIVE AGREEMENT

Contact Person: _____

Title: _____

Hotel Name: _____

Hotel Address: _____

Address (where check will be mailed): _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Email: _____

Telephone: () _____ Fax: () _____

TERMS AND CONDITIONS

THE NAMED PERSON LISTED AS THE CONTACT PERSON AGREES TO SUPPORT THE MIAMI SEAQUARIUM® SWIM WITH THE DOLPHINS INCENTIVE PROGRAM BY DISTRIBUTING PROMOTIONAL MATERIALS AND INITIATION OF SWIM RESERVATIONS.

1. MIAMI SEAQUARIUM® WILL ISSUE **\$ 30.00** PER PERSON REBATE FOR THE ODYSSEY PROGRAM AND **\$20.00** PER PERSON FOR THE ENCOUNTER PROGRAM BASED ON ACTUAL GUEST PARTICIPATION IN THE PROGRAM.
2. MIAMI SEAQUARIUM® WILL ISSUE REBATE CHECKS EVERY MONTH UNTIL THE TERMINATION OF THIS AGREEMENT. EITHER PARTY WITH 30 DAY WRITTEN NOTICE MAY TERMINATE THIS AGREEMENT.
3. **IMPORTANT:** MIAMI SEAQUARIUM® WILL ONLY ISSUE CHECKS UPON ACTUAL PARTICIPATON OF THE GUEST IN THE DOLPHIN INTERACTIONS AND WITH **VALID AND LEGIBLE HOTEL IDENTIFICATION NUMBER ON RESERVATION FORMS.**

CONCIERGE SIGNATURE

DATE

CONTACT PERSON: RAFAEL CAPDEVILA. HOTEL SALES REPRESENTATIVE
PHONE: (305) 365-2519 EMAIL: RCAPDEVILA@MSQ.CC

PLEASE FAX THE COMPLETED FORM TO: (305) 365.4023 ATTN: SALES



CONCIERGE NAME: _____
 CONTACT PHONE NUMBER: _____
 HOTEL NAME: _____
 CONCIERGE ID NUMBER: _____

Email: _____

“DOLPHIN INTERACTION” CONCIERGE REQUEST FORM

This form must be completed in full and faxed, along with a **Participant Waiver Form** for each participant, to **305-365-4023** to request a reservation. Space is limited and is subject to availability. **Please be aware submitting this form does NOT guarantee a reservation.** A representative from Miami Seaquarium will contact you upon receipt of this request.

1. **REQUESTED ODYSSEY DATE/TIME: • Must be 52” or taller (132 C)**
 Swim Date: _____ Swim Time: **9:30am 11:30am 2:30pm**

REQUESTED ENCOUNTER DATE/TIME: • Must be at least 5 years old
 Swim Date: _____ Swim Time: **1:15pm 3:15pm**

2. **PARTICIPANT (S): Names, Height (Age if under 18).**

- a. Name: _____ Height: _____ Age: _____
 b. Name: _____ Height: _____ Age: _____
 c. Name: _____ Height: _____ Age: _____

3. **OBSERVER (S) Name:** _____

4. **Can the swimmers READ and UNDERSTAND English? Yes or No**

NOTE: If not, a translator must be provided by the swimmer.

5. **Are any of the swimmers expectant mothers? Yes or No**

6. **Do any of the swimmers have physical or mental limitations? Yes or No**

If Yes, Explain: _____

Prices are plus tax. Valid through 12/06/08	# People	Price	Subtotal	Tax 7%	Total
Number of Swim Participant(s)		\$189.00	\$	\$	\$
Number of Encounter Participant(s)		\$139.00	\$	\$	\$
Number of General Admission Observer(s)		\$40.00	\$	\$	\$
Number Of Child Observer(s) Ages 3-9		\$35.00	\$	\$	\$
Total Participants & Observers				Total	\$

PAYMENT INFORMATION – Please PRINT

Choose Payment: AMEX MASTERCARD VISA

 Credit Card Number Expiration Date V Code (last 3 digits in back of credit card)

 Name on the Card Authorized Signature

 Mailing Address City State Zip Country

 Hotel Phone Number Hotel Fax Number

4400 Rickenbacker Causeway • Miami, FL 33149

305-365-2518 • Fax: 305-365-4023 • E-mail: sales@msq.cc