

RESERVATION CERTIFICATE
AMAZON International Healthcare Expedition
March 1-9, 2008 _\$2498, plus airfare
Machu Picchu March 9 – 14, 2008 _\$2498, plus airfare

Please complete **both sides** of this form and sign it. Enclose *\$600 (plus an additional \$150 if the extension is chosen) per person deposit to reserve space(s) on the departure date designated below. I wish to make my deposit by check _____, *credit card _____.

***NOTE** A portion of your Registration Fee Supports the Following Projects: *AMAZON Medical Clinic; ReNuPeRu Ethnobotanical Garden; Educational Funds for Pharmacy, Medical and Healthcare Affiliating Sponsors.*

Have you participated in another International Expeditions' Healthcare Program? Yes _____ No _____

If YES, what location(s)? _____ Year(s) _____

IMPORTANT: ATTACH 2 COPIES OF THE PICTURE PAGE OF YOUR PASSPORT. (If you do not have a passport at this time, send this reservation certificate now and forward the copies no later than 30 days prior to departure.)

RESERVATION INFORMATION: Do you want IE to Arrange International AIR? (Circle) YES NO

DESTINATION _____ AMAZON Healthcare Expedition **DEPARTURE** _____ March 1, 2008

EXTENSION _____ MACHU PICCHU Yes _____ No _____

NAME(S) Dr. Mr. Mrs. Ms. _____
(Print full name for each traveler as it appears on passport.)

Address _____

City/State/Zip _____

Home Phone _____ Business Phone _____

E-mail _____ FAX _____

Phone where you can be reached prior to departure _____

I am interested in Continuing Education Credits. YES _____ NO _____ TYPE of Credit (Circle One) CME ACPE Nurse PA

Psychology Social Worker/Counselor *NOTE: Please review Credit Information, Fees and Application Form*

If you are a Physician, please indicate specialty _____

From what source did you first hear about this program? (Circle One)

The University of Washington School of Pharmacy Medical School Nursing School Fred Hutchinson Cancer Research Center

International Expeditions OTHER (Name) _____

ACCOMMODATIONS

I am a Smoker _____ Non-smoker _____

Please assign a roommate. Yes _____ No _____; Smoker _____ Non-smoker _____ Either _____

I would like to share a room with _____

I desire single accommodations (Extension only; see section under Single Supplement for additional charges). Yes _____ No _____

AIR TRANSPORTATION

International Expeditions Travel is our highly efficient in-house travel agency. Please see the section under Air Travel for the benefits to the passenger when the domestic and international portions of your flight are ticketed together.

Please make my domestic air reservations from _____ Airport to the departure city of _____

Please charge my domestic airfare. Yes _____ No _____

*Credit Card Name _____ Credit Card Number _____ Expiration _____

Security code _____

I have read and accept the conditions of the General Information section, especially the Cancellation clause and the Responsibilities and Conditions paragraph, and would like to make reservations for the person(s) listed above in accordance with the enclosed deposit. **Each participant must sign this waiver.**

Date _____ Signature _____

Date _____ Signature _____

PERSONAL DATA FOR TRAVEL DOCUMENTS

Please complete the following information for each person.

Given Name as on Passport _____

Nametag: _____

Date of Birth: _____

City and State of Birth: _____

Nationality: _____

Passport Number: _____ Place Issued: _____

Date Issued: _____ Expiration date: _____

Occupation: _____

Given Name as on Passport _____

Nametag: _____

Date of Birth: _____

City and State of Birth: _____

Nationality: _____

Passport Number: _____ Place Issued: _____

Date Issued: _____ Expiration date: _____

Occupation: _____

Given Name as on Passport _____

Nametag: _____

Date of Birth: _____

City and State of Birth: _____

Nationality: _____

Passport Number: _____ Place Issued: _____

Date Issued: _____ Expiration date: _____

Occupation: _____

Given Name as on Passport _____

Nametag: _____

Date of Birth: _____

City and State of Birth: _____

Nationality: _____

Passport Number: _____ Place Issued: _____

Date Issued: _____ Expiration date: _____

Occupation: _____

International Expeditions, Inc.

One Environs Park, Helena, AL 35080

PH: 800-633-4734 FAX: 205-428-1714

CUSTOMER AGREEMENT

Deposits: Deposits are due at the time of reservation. The deposit amount is \$600 per person for all programs. An additional deposit of \$150 per person is required for each extension on all programs. Deposit schedules are for expedition costs only. Air payment schedules are determined by the airlines' policies. Deposit amounts will vary for custom-designed journeys.

Final Payments: Is due 60 days prior to departure.

Cancellation Fees:

- \$175 from the time of booking to 90 days prior to departure.*
- \$350 from 89 to 61 days prior to departure
- 100% of the full program cost from 60 to 0 days prior to departure.

All cancellations must be in writing.

* If you cancel 90 or more days prior to departure, you will be issued a travel certificate good for a \$175 reduction in the cost of a future International Expeditions or Park East journey.

Guest Travel Protection Program: Canceling your journey can be very costly, as we have to adhere to the cancellation fee schedule above. We highly recommend that you purchase our travel protection plan, which will protect you from penalties if you cancel for a covered reason. In addition, there is coverage for trip interruption, trip delay and protection for emergency evacuation, accident, and sickness medical expense. International Expeditions and Park East are not responsible or liable for loss, damage or theft of personal luggage and belongings, or personal injury, accident or illness. In most foreign countries, insurance coverage of personal injury, accident or illness is not available on the basis of U.S. standards. Details concerning coverage, limitations, provisions, exclusions and pre-existing conditions will be mailed in your reservation confirmation packet. The premium is automatically billed on your invoice, but the plan does not take effect until payment of the premium is received. Premiums are non-refundable.

Cancellation by International Expeditions/Park East: If a journey is canceled by International Expeditions or Park East because of extraordinary conditions, all monies paid to International Expeditions or Park East will be refunded in full. International Expeditions and Park East cannot accept responsibility for any other expenses incurred for preparing for the journey, including non-refundable airline tickets not purchased through International Expeditions or Park East.

International Expeditions/Park East Air Arrangements: Booking your air with International Expeditions or Park East offers many advantages, from special fares to lenient change and refund policies. We can schedule the most convenient flight times for the start of your journey, booking your return flight home with your scheduling preferences in mind. We will work with you to offer the best fares and most suitable schedules. Note that International Expeditions and Park East cannot be held liable, assume responsibility, or accept claims with regard to seat assignments, flight changes, cancellations or any loss or damages which may be incurred when using the services of airlines. Tickets will be mailed with final tour documents. There is a modest ticketing fee on tickets we issue.

Our Published Rates: Expedition prices are based on current rates of exchange at the time of publishing of catalog. Changes in tour rates are rare, and caused by extraordinary circumstances outside International Expeditions' or Park East's control. In the rare event that a tour rate should increase, cancellation is allowed without penalty. All prices are per person, based on double occupancy. All prices and airfares are subject to change.

Schedule of mail-outs: On receipt of your reservation, you will be mailed a confirmation package. A final packet of information is mailed 21-30 days prior to departure, with airline tickets, final itinerary, guest list, name tag and passport holder. Final packets are not mailed until all payments, liability forms and a signed copy of these terms and conditions are received.

Travel Documents/Vaccinations: Customers must be in possession of valid passports and any visas, permits and certificates required for the whole of their journey or expedition and shall arrange such vaccinations as are normally recommended for the countries through which they intend to travel. Information as to these matters and as to climate, clothing, baggage, gear, and similar matters is given in good faith but without responsibility on the part of International Expeditions or Park East.

The USTOA \$1 Million Travelers Assistance Program: International Expeditions and Park East share the coverage available under the USTOA \$1 Million Travelers Assistance Program with affiliates of First Choice Expeditions who, as active members of the USTOA, are required to post a \$1 Million letter of credit with the USTOA. This amount is to be used to reimburse, in accordance with the terms and conditions of the USTOA Travelers Assistance Program, the advance payments of International Expeditions and Park East customers in the unlikely event of First Choice Expeditions bankruptcy, insolvency or cessation of business. Further, you should understand that the \$1 Million letter of credit posted by First Choice Expeditions may be sufficient to provide only a partial recovery of the advance payments received by International Expeditions and Park East. Complete details of the USTOA Travelers Assistance Program and a list of affiliates may be obtained by writing to USTOA at 275 Madison Avenue, Suite 2014, New York, New York 10016, or by email to information@ustoa.com or by visiting its website at www.USTOA.com.

California Seller of Travel Program: Please be advised California has established a Travel Consumer Restitution Fund. It does not cover non-California residents, and even in the case of California residents, does not cover any foreign travel where the foreign "providers of transportation of travel services" are not in compliance with the seller of travel law (compliance being defined as: registered as a seller of travel in California and a participant in the travel Consumer Restitution fund). Thus, none of the journeys in this brochure qualify and by law you are required to be advised that you would not be eligible to make any claim from that fund in the unlikely event of default by International Expeditions or Park East, First Choice Expeditions or any of our foreign suppliers. California Seller of Travel registration #2045230-50. Registration as a seller of travel does not constitute approval by the State of California.

Limits on International Expeditions' and Park East's responsibilities: International Expeditions, Park East and their affiliates, owners, officers, agents, employees, contractors and subcontractors (hereafter in this paragraph "International Expeditions/Park East") purchase transportation, hotel accommodations, restaurant services and other services from various independent suppliers that are not subject to its control. Neither International Expeditions/Park East, nor any associate organization, agent, employee, contractor or subcontractor shall be held liable for any act, default, injury (including death), loss, expense, damage, deviation, delay, curtailment or inconvenience caused to or suffered by any person or their property, howsoever arising, which may occur or be incurred by any organization or person, even though such act, default, injury, loss, expense, damage, deviation, delay, curtailment or inconvenience may have been caused or contributed to: (a) by the act, neglect or default of International Expeditions, Park East, owners, officers, agents, employees, contractors and subcontractors, or of any persons for whose acts it would otherwise be responsible, or (b) defects or failures of any aircraft, vessel, automotive vehicle or other equipment or instrumentality under the control of independent suppliers. In addition, International Expeditions and Park East will not be liable for delays in departure or interruption of your vacation arrangements caused by weather conditions, technical problems of any aircraft, vessel, automotive vehicle or other equipment or instrumentality, strikes, war, terrorist activity, civil commotion or any causes beyond the control of International Expeditions or Park East. The right is reserved to substitute accommodations or modes of transportation and to make any changes in the itinerary where deemed necessary or caused by changes in air schedules. On expeditions of this type it is not possible to accommodate persons with severe health problems or physical disabilities. It is the guest's responsibility to judge the appropriateness of these travel activities to his or her physical capabilities. International Expeditions and Park East take no responsibility for special arrangements or problems incurred by guests physically unable to participate in the planned activities. No refund can be made for absence from the tour unless arrangements are made at the time of booking. The right is reserved to decline to accept or retain any person as a tour member for any reason, which affects the operation of the tour or the rights and welfare or enjoyment of the other tour members. International Expeditions and Park East will not discriminate against any individual because of race, sex, creed or nationality. In no event will International Expeditions or Park East be responsible for incidental, consequential or special damage or loss suffered by any person. International Expeditions' and Park East's maximum liability, for any reason whatsoever, will be limited to the amount paid to International Expeditions or Park East for its services. In issuing tickets and coupons for transportation of the purchaser by any means and making arrangements for hotel or other accommodation,

International Expeditions and Park East are not acting as principal but only as agent for the companies, corporations or persons providing or offering the means of transportation and accommodation. To the extent International Expeditions and Park East shall not be acting as an agent, as stated above, it shall be deemed to be acting as an agent of the purchasers in arranging or booking transportation and accommodation. International Expeditions and Park East reserve the right to take photographic or film records of any trip or guest, and may use any record for promotional and/or commercial purposes.

Arbitration: Any controversy or claim arising out of or relating to this Agreement or the performance there under, including without limitation any claim related to bodily injury, property damage or death, shall be settled by binding arbitration in Atlanta, Georgia in accordance with the rules of the American Arbitration Association then existing, and judgment on the arbitration award may be entered in any court having jurisdiction over the subject matter of the controversy. This agreement to arbitrate does not waive or modify the liability release contained in this document.

Waiver of jury trial: IN CONNECTION WITH ANY ACTION OR LEGAL PROCEEDING ARISING OUT OF THIS AGREEMENT, THE PARTIES HEREBY SPECIFICALLY AND KNOWINGLY WAIVE ANY RIGHTS THAT EITHER PARTY MIGHT HAVE TO DEMAND A JURY TRIAL.

Exclusive Governing Law and Jurisdiction: THIS AGREEMENT AND ANY ACTIONS AND PROCEEDINGS BROUGHT HEREUNDER SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE, WITHOUT REGARD TO CONFLICTS OF LAWS PRINCIPLES. IF THE RIGHT TO SEEK ARBITRATION IS FOR ANY REASON WAIVED BY BOTH PARTIES, OR IF JUDICIAL REVIEW OF ANY ARBITRATION DECISION IS SOUGHT, ANY ACTION OR LEGAL PROCEEDING TO ENFORCE ANY PROVISION HEREOF, OR BASED ON ANY RIGHT ARISING OUT OF, THIS AGREEMENT SHALL BE BROUGHT EXCLUSIVELY IN THE COURTS OF THE STATE OF DELAWARE, OR, IF IT HAS OR CAN ACQUIRE JURISDICTION, IN THE UNITED STATES DISTRICT COURT FOR THE STATE OF DELAWARE, AND ALL OF THE PARTIES HERETO HEREBY CONSENT TO THE EXCLUSIVE JURISDICTION OF SUCH COURTS AND OF THE APPROPRIATE APPELLATE COURTS IN ANY SUCH ACTION OR LEGAL PROCEEDING AND WAIVE ANY OBJECTION TO VENUE OR JURISDICTION IN CONNECTION THEREWITH

Severability: The invalidity or unenforceability of any part of this Agreement, or the invalidity of its application to a specific situation or circumstance, shall not affect the validity of the remainder of this Agreement, or its application to other situations or circumstances. Any provision of this Agreement held invalid or unenforceable only in part or degree will remain in full force and effect to the extent not held invalid or unenforceable.

Waiver: Any failure by either party at any time, or from time to time, to enforce or to require the strict keeping and performance of any of the terms or conditions of this Agreement shall not constitute a waiver of any such terms or conditions and shall not affect or impair such terms and conditions in any way or the right of such party at any time to avail itself of such remedies as it has for the breach or breaches of such terms and conditions.

Exclusivity: Except as otherwise expressly provided to the contrary, the rights herein granted and this Agreement are for the benefit of the parties hereto. The terms and conditions of this Agreement shall be exclusive of any advertising, marketing or other sales literature or activities of International Expeditions or Park East and nothing contained in any of such

materials shall be construed to create any rights as a result of or in connection with this Agreement.

Acknowledgment of Risk: You understand and acknowledge that your travel in connection with and participation in the travel package arranged at your request by International Expeditions or Park East may involve risk and potential exposure to injury and possibly death. You also realize and acknowledge that risk and dangers may be caused by the negligence of the owners, directors, employees, contractors, subcontractors, officers or agents of International Expeditions or Park East or the negligence or participation of other participants, contractors and/or subcontractors to International Expeditions or Park East. You also recognize and acknowledge that risk and dangers may arise from foreseeable and unforeseeable causes, including weather and other acts of nature. You fully understand and acknowledge that the aforementioned risks, dangers and hazards are a potential in connection with recreational activities which may take place during your journey.

Express assumption of risk and responsibility: In recognition of the inherent risk of the travels and related activities in which you are intending to engage, you confirm that you are physically and mentally capable of participating in the activity, that you are willingly and knowingly electing to participate in this vacation package in spite of the potential risk of danger, and you willingly and voluntarily assume full responsibility for any injury, loss or damage suffered by you or caused by you, whether caused in whole or in part by the negligence of the owners, directors, agents, officers, employees, contractors or subcontractors of International Expeditions or Park East.

Release of liability: In consideration of the services and arrangements provided by International Expeditions or Park East, you, for yourself and for your heirs, personal representatives or assigns, do hereby release, waive, discharge, hold harmless and agree to indemnify International Expeditions or Park East, and its owners, officers, directors, agents, contractors, subcontractors and employees from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, lost profits, consequential, exemplary, indirect or punitive damages or otherwise which may arise out of or occur during your travel in connection with the scheduled travel package and any activities conducted in conjunction therewith. YOU SPECIFICALLY UNDERSTAND THAT YOU ARE RELEASING, DISCHARGING AND WAIVING ANY CLAIMS OR ACTIONS THAT YOU MAY HAVE PRESENTLY OR IN THE FUTURE FOR THE NEGLIGENCE ACTS OR CONDUCT OF THE OWNERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS OR SUBCONTRACTORS OF INTERNATIONAL EXPEDITIONS OR PARK EAST.

Express waiver of any right to seek consequential, punitive or exemplary damages: Regardless of the situation or circumstances giving rise to a claim, you waive any right to seek consequential, punitive or exemplary damages against International Expeditions, Park East., their owners, officers, directors, agents, contractors, subcontractors and employees, for any reason whatsoever.

In consideration of participating in my expedition, my signature on my Final Payment Form indicates that I have, on the date shown, read and understood this document and I acknowledge that it affects my legal rights and agree to be bound by its terms. My signature also signifies my intention to relieve and indemnify International Expeditions, Park East, their owners, officers, directors, employees, agents, contractors and subcontractors from any liability for personal injury, property damage or wrongful death which I might suffer during my participation in the scheduled expedition.

Amazon Healthcare Expedition
Pharmacy from the Rainforest:
Global Perspectives in Healthcare
March 1–9, 2008

CONTINUING EDUCATION CREDIT FEE FORM

The Amazon Healthcare Expedition, Pharmacy from the Rainforest, Global Perspectives in Healthcare conference is co-sponsored by the University of Washington Continuing Pharmacy Education (UWCPE), University of Washington Continuing Medical Education, and University of Washington Continuing Nursing Education. UWCPE will be coordinating requests for continuing education credits for the three co-sponsors (medicine, nursing, and pharmacy).

Continuing Education Credit Fee: \$200 per person. Fee is in addition to tour and airfare costs.

Steps to Requesting Continuing Education Credit for Participation:

- 1. Complete the Continuing Education Credit Fee form. Please mail this form, and, as a separate payment from your International Expeditions tour or airfare deposits, the \$200 continuing education credit fee to International Expeditions (IE), along with their reservation forms and payment. IE will forward your Continuing Education Credit Fee form and payment to University of Washington Continuing Pharmacy Education.**
- 2. Sign-in at the conference, attend designated continuing education credit sessions outlined in the conference schedule, complete and submit official course evaluation forms.**
- 3. Physicians requesting *AMA PRA Category 1 Credits*[™] must complete and submit the University of Washington Continuing Medical Education Attendance Verification form at the conclusion of the conference to claim credits or certificates will not be issued. This form will be made available at the conference.**
- 4. Those claiming continuing nursing education credits must complete and submit a University of Washington Continuing Nursing Education Conference Attendance Verification Form at the conclusion of the conference or statements of credit will not be issued. This form will be made available at the conference**
- 5. Those requesting continuing pharmacy education credit must sign-in, attend all designated continuing education credit sessions outlined in the conference schedule, and complete and submit official course evaluation forms. No partial credit is available for those requesting ACPE credit.**
- 6. The issuing co-sponsor will mail statements of credit 4–6 weeks after the conference.**

Pharmacy from the Rainforest: Global Perspectives on Healthcare
Continuing Education Credit Fee

To request continuing medical, nursing, or pharmacy education credit, please complete this form. Please note providers' conditions for receiving continuing education credit, refunds and cancellation policies.

1. Complete, and mail this paperwork and separate continuing education credit fee of \$200 to International Expeditions. A receipt will be mailed to you by UWCPE for the continuing education credit fee.
2. Statement of credit will be mailed within 4-6 weeks after the conclusion of this conference.

First Name: _____

Last: _____ Middle Initial: _____

Address 1: _____

Address 2: _____

City: _____ ST: _____ ZIP: _____

Daytime Phone: _____

Email: _____

Last four digits of Social Security Number or Professional License Number:* _____

* This number is collected to create a unique record identifier for each person requesting credit. Prevents duplication errors and unauthorized access to registrant records

I am registering for: *Select Only One:*

Continuing Pharmacy Education

The University of Washington is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. ACPE #070-999-08-001-L04-P. This program is approved for 11.5 contact hours (11.5 CEUs) of continuing pharmacy education credit. To receive credit, participants must sign-in, attend the entire conference and complete and submit official course evaluation forms.

Continuing Medical Education

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Washington School of Medicine and The University of Washington School of Pharmacy.. The University of Washington School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this educational activity for a maximum of 11.5 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education

Nurses: Up to 11.5 contact hours will be awarded.

- The UW School of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- The UW School of Nursing is approved as a clock hour provider by the Washington State Board of Education.
- Provider approved by the California Board of Registered Nursing, Provider (#07218) for 11.5 contact hours.

Psychologists: The UW School of Nursing qualifies as a Washington State CE program sponsor under WAC 246-810-610.

Social Workers and Counselors: The UW School of Nursing qualifies as a Washington State CE program sponsor under WAC 246-924-240(1).

Payment Information. Continuing Education Credit Fee: \$200.00.

Pay by Check (Make checks payable to *UW Continuing Pharmacy Education*)

Pay by Credit Card

Charge my Master Card Visa the \$200.00 continuing education credit fee.

Card Number: _____ Expiration Date _____

Signature _____

Cancellation Policy:

Continuing Pharmacy Education reserves the right to cancel any conference when minimum enrollment is not met or for other reasons that prevent the University from holding the course. Registrants will be notified. The University of Washington is not responsible for any other costs incurred such as non-refundable airline tickets or other travel or tour related expenses.

Tax Credit Information:

You may be eligible to claim a tax credit, the Lifelong Learning Credit. The credit applies to course of instruction taken from an eligible institution like the University of Washington to acquire or improve your jobs skills. Expenses eligible for credit are offset by employer-provider benefits and other tax-free assistance. Consult the IRS or a tax advisor for details related to your particular tax situation.

Fees:

Continuing Education Credit Fees from this conference are estimated to cover the costs of conducting the conference including but not limited to course materials, salaries, registration, course certification, record keeping, planning and evaluation.

Continuing Education Credit Fee Refund:

Cancellation requests will be handled less a \$30 handling fee. No refunds will issued after February 29, 2008. The provider is not responsible for other expenses incurred by the individual including personal, travel and tour costs associated with this conference. Contact International Expeditions or travel provider directly for their refund policies.

Continuing Education Registration Contact Information:

**University of Washington Continuing Pharmacy Education
Box 354699
Seattle, WA 98195
Phone: (206) 685-8091
Fax: (206) 221-2689
Email: uwcpe@u.washington.edu
Web Site: www.uwcpe.org**

Amazon Tour/Airfare Reservation Information:

**INTERNATIONAL EXPEDITIONS, INC. - HOURS 9:00 AM – 6:00 PM CENTRAL TIME
GENERAL PHONE #: 800.633.4734
WEBSITE: WWW.IETRAVEL.COM**