

Lee Memorial Health System
Staff Activities Committee – Event Order Form
7-Night Royal Caribbean Cruise

Date	# of People	Accommodations	Price (per person)	Total
October 2 – 9, 2010		Interior Stateroom	\$894.00	
Oasis of the Seas Western Caribbean – Haiti, Mexico		Ocean View Stateroom	\$1064.00	
		Ocean View w/Balcony**	\$1144.00	
		Central Park View**	\$1104.00	
		Boardwalk View w/Balcony**	\$1224.00	

*Pricing: Rooms Based on Double Occupancy (tri and quad occupancy rates available by request)
 Includes Transportation from LMH to Fort Lauderdale
 Includes Port Charges
 Taxes and Fees are NOT included (to be determined at time of reservation)

- ✚ Please complete the bottom of this form and fax to **573-5545** to reserve your trip.
- ✚ Once reservation is taken, additional information will be sent.
- ✚ **Additional Upgrades Available through Booking Agent
- ✚ Continuing Education Classes for Nurses and Respiratory Therapists will be held on board ship – contact Jaime Tyrna (242-6270) for details

Employee Name (please print) _____ LMHS ID# _____

Email Address: _____

Dept. Name _____ Work Phone # _____ Other Phone # _____

Authorization for Payroll Deduction

As an employee of Lee Memorial health System (LMHS), I wish to participate in an event sponsored by the Staff Activities Committee (SAC). LMHS offers payroll deduction in order to encourage employee participation in SAC sponsored events and to foster positive employee relations. My participation will be made possible through deductions from my paycheck.

Deposits must be collected before booking can be completed with agent. I, the undersigned, do hereby authorize \$_____ to be deducted from my pay each pay period until the sum total of \$_____ is deducted for the deposit. **Payment arrangement details for the balance must be made by contacting Staff Activities at 573-5555** (Number of deductions depends on date of event). I, the undersigned, do hereby authorize \$_____ to be deducted from my pay each pay period until the sum total of \$_____ is deducted for the balance. Deductions are subject to change depending on taxes, fees, and additional add-ons such as travel insurance.

I authorize deduction of the above amount unless I provide written cancellation to SAC at least 5 business days prior to the event. I understand that I may cancel payroll deduction at any time but financial responsibility for the event remains solely with me and I will be responsible for full payment for all tickets purchased or not cancelled within the deadline established. I understand and agree that, should my employment with LMHS terminate for any reason, the authorized amount will be deducted in full from my final paycheck and/or PTO payout check, to the extent permitted by law. **Events such as cruises and bus trips may have their own cancellation guidelines which must be adhered to.**

Employee Signature: _____ Date: _____

I am canceling the above registration.

Must fax to 573-5545 within 5 business days of the event or employee will be responsible for full payment.

If this event is a cruise or other trip, cancellation deadlines may be different.

Cancellation Date: _____ Employee Signature: _____