



## TRAVEL REGISTRATION FORM DECEMBER 1-6, 2009

PLEASE TYPE OR PRINT WITH BLACK INK (Complete 1 form per room)  
Please indicate name as it appears on your Driver's License.

### PARTICIPANT'S INFORMATION

Mr.  Mrs.  Ms.  Other \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name M.I. Preferred First Name on Name Badge

### GUEST INFORMATION

Mr.  Mrs.  Ms.  Other \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name M.I. Preferred First Name on Name Badge

### BUSINESS NAME

Participant's Business Name \_\_\_\_\_ Contact \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

### TELEPHONE

Business ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_ Trip Contact E-Mail Address \_\_\_\_\_

Cell/Mobile ( ) \_\_\_\_\_ Name of Cell Contact \_\_\_\_\_

### EMERGENCY CONTACT

In case of emergency, please contact (*not a guest on the trip*) \_\_\_\_\_

Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

### AIR

Please fax a copy of your air itinerary to 1-866-741-4051 so we can arrange airport transfers. If you do not arrive on the program dates of Tuesday, December 1, 2009 and depart Sunday, December 6, 2009, you will be responsible for the transportation to and from the hotel.

### CREDIT CARD INFORMATION – For Trip Payment, Hotel Activities, etc.

Credit Card # (MasterCard or Visa ONLY) \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_  
(3- or 4-digit security code)

Name on Card \_\_\_\_\_ Use CC for trip deposit?  Yes  No

### HOTEL ACCOMMODATIONS – Based on Availability

We make every effort to accommodate our guests, but there is no guarantee.

Room Preference:  Non-Smoking  Smoking  2 Queen Beds  1 King Bed Additional Information \_\_\_\_\_

### PERSONAL CONSIDERATIONS

Participant Personal/Dietary Considerations \_\_\_\_\_ Guest Personal/Dietary Considerations \_\_\_\_\_

Special Requests/Needs \_\_\_\_\_

### SHIRT SIZE

Adult Participant:  XS  S  M  L  XL  XXL Spouse/Guest:  XS  S  M  L  XL  XXL

**PLEASE RETURN WITHIN 48 HOURS TO PENTAIR WATER POOL AND SPA – FAX # 1-866-741-4051.  
FOR QUESTIONS, CALL YOUR PROGRAM COORDINATOR AT 1-800-693-0171.**

### PROGRAM RULES & TRIP COSTS

- To confirm your reservation, a non-refundable deposit of \$500 per person is required. This deposit will be taken immediately and is not refundable for any reason. This trip is valued at \$1199 per guest; minimum of two guests required per room. No charge will apply for children less than three years of age. Additional guests three years of age and over will be charged \$999 per person.
- Maximum of four guests per room.
- Once the dealer has earned the required amount of Reward Dollars for the Kauai trip, Pentair Water Pool and Spa will redeem the Reward Dollar amount required for the trip.
- It is the dealer's responsibility to pay the trip balance in full if they do not earn the Reward Dollar amount required for the trip by October 31, 2009.
- If you provide a cancellation notice to Pentair after September 1, 2009, you will be responsible for the entire cost of the trip including the deposit.
- If you do not receive a room confirmation within 10 business days, please contact us at 1-800-693-0171.
- We reserve the right to refuse this registration or cancel the registration for any reason.

**If you have not earned enough reward dollars to pay for the deposit, please pay with a credit card or company check.  
(Mail checks attention to: Incentive Program Team, 1620 Hawkins Ave., Sanford, NC 27330)**

**Responsibility:** The undersigned acknowledge that Maritz Travel Company and Pentair Water and their respective parent, subsidiary and affiliated companies maintain no control over the independent suppliers that will be providing accommodations and services as a part of the travel program. Accordingly, the undersigned agree not to hold Maritz Travel Company or Pentair Water, or their respective parent, subsidiary or affiliated companies responsible for any loss or injury which may be caused or contributed to by such suppliers or by any other cause, condition or event whatsoever beyond the direct control of Maritz Travel Company or Pentair Water, or their respective parent, subsidiary or affiliated companies. The undersigned hereby release Maritz Travel Company, Pentair Water, their respective parent, subsidiary and affiliated companies, and their respective officers, directors, employees and agents from any and all liability for claims resulting from any acts or omissions of the independent travel suppliers providing accommodations and services in connection with the travel program, or from any other cause, condition or event beyond the direct control of Maritz Travel Company and/or Pentair Water, or their respective parent, subsidiary or affiliated companies.

**Publicity Release:** During the trip, participant(s) may be photographed or videotaped for promotional, public relations or advertising use. Accordingly, the undersigned hereby authorize representatives of any sponsoring company or organization, Maritz Travel Company and/or other travel program suppliers to photograph, film or otherwise record the activities of the undersigned during the travel program, and authorize and consent to the use of any such photographs, films or recordings for any and all purposes, included but not limited to use in publications or presentations during or following the conclusion of the travel program. The undersigned hereby waive and release any claims for compensation or liability that the undersigned might otherwise have arising out of or related to such.

I (we) have read and I (we) agree to the above Responsibility statement.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse/Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Each travel participant must sign and date above.

