

<u>Local Field Foray</u> Naval Warship Tour Wednesday, August 28, 2019 | San Pedro, CA

TRIP INFORMATION

The Pacific Council invites you to join a VIP tour of a U.S. Navy warship at the Port of LA as part of Los Angeles Fleet Week. Fleet Week is an annual, multi-day event celebrating our U.S. armed forces at our nation's number one port, the Port of Los Angeles. It was created through a unique public-private partnership to connect Southern Californians with the men and women of the United States' Sea Services.

The Pacific Council's Local Field Forays visit local sites of global policy interest. Each trip aims to deepen our understanding of key international issues as they relate to the local community – ranging from international trade and the Port of Los Angeles to the U.S.-Mexico border and immigration. These trips are designed to foster closer ties between our member community and the local leaders, thinkers, partners, and institutions that are shaping our world.

TRIP OVERVIEW:

- The **\$70 registration fee** is inclusive of lunch and all staff support and logistical arrangements pertaining to the visit. **Registration is complimentary for Sustaining Members.**
- The tour of the warship will be approximately **one hour**.
- Delegates will need to arrange for their own transport to and from the Port of LA in San Pedro where the naval warship is docked.
- Lunch will be provided after the tour at 22nd Street Landing Restaurant.
- Registration forms must be submitted by Wednesday, August 21 to reserve your space.

REGISTRATION CHECKLIST:

The following items must be returned to the Pacific Council in order to complete your registration:

Signed Waivers of Liability; Cancellation Policy; Fitness Requirement [Page 3]- one per participant.

AGENDA:

Wednesday, August 28, 2019

9:45 am	Pacific Council members arrive /check-in
10:00 am	Tour of Naval Warship
11:00 am	Tour concludes
11:15 am	Travel to 22 nd Street Landing
11:30 am	Lunch
12:30 pm	Lunch concludes

~~~~~

PLEASE RETURN VIA FAX to (213) 221-2050 <u>OR</u> SCAN SIGNED DOCUMENT & E-MAIL to: <u>trips@pacificcouncil.org</u> -- PAGE 1 --



# Local Field Foray Naval Warship Tour Wednesday, August 28, 2019 | San Pedro, CA

## **REGISTRATION FORM**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | -                                  |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|-------------------------------|
| Delegate Name:Delegate Cell Phone:Delegate Email:Emergency Contact Name:Emergency Contact Phone:Dietary Restrictions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                    | <br><br><br>                  |
| <ul> <li>REGISTRATION FEE:</li> <li>\$70 General Members</li> <li>Sustaining Members complimentary</li> <li>Additional contribution: \$</li> <li>The Pacific Council's trips require a great the capacity to do so to contribute all offsetting the cost of staff planning and the cost of staff planning planning and the cost of staff planning planning planning planning pl</li></ul> | pove and beyond     | d the direct costs o               | of the trip to assist in      |
| TOTAL PAYMENT AMOUNT: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _                   |                                    |                               |
| PAYMENT INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                    |                               |
| <ul> <li>CHECK   Please make checks payable f<br/>Mail to: Pacific Council on Inter<br/>ATTN: Trips Department<br/>725 S. Figueroa St., Suite<br/>Los Angeles, CA 90017</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | national Policy     | ncil on Internationa               | l Policy                      |
| <ul> <li>CREDIT CARD   Please remit credit card</li> <li>Visa</li> <li>MasterCa</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | ia mail, email, or fa:<br>AMEX 🛛 🗆 | x (213) 221-2050.<br>Discover |
| Credit Card Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /<br>Expiration Dat | e Secu                             | urity Code                    |
| Billing Address (City, State/Province, Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y, Zip/Postal Code  | -)<br>?)                           |                               |
| Name as it Appears on Card (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | Cardholder's Signa                 | ature                         |
| PLEASE RETURN VIA FAX to (213) 221-2050 <u>OR</u> S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CAN SIGNED DOCU     | MENT & E-MAIL to: trip             | s@pacificcouncil.org          |



# Local Field Foray Naval Warship Tour Wednesday, August 28, 2019 | San Pedro, CA

## **WAIVERS**

**LIABILITY WAIVER**: In consideration of Pacific Council on International Policy, a California not-for-profit organization ("Pacific Council"), organizing, arranging and permitting me to participate in the August 2019 visit to Port of LA, I hereby waive all rights which I may now have or which may accrue in the future against the Pacific Council, its respective directors, officers, employees and members (collectively "Pacific Council Representatives"), and I hereby release and discharge Pacific Council Representatives from and against all liability for any and all actions, damages, causes of action suits, costs, losses, expenses, claims, demands, and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can shall or may have resulting from or arising in connection with my travel to attendance at or participation in the visit to Port of LA and any related activities.

I acknowledge that certain legal rights against Pacific Council or the Pacific Council Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against Pacific Council or the Pacific Council Representatives. I acknowledge that no praises, representations, or affirmations of fact were made to me by Pacific Council or the Pacific Council active safety or danger associated with or connected in any way to the visit to Port of LA and affirm that I have read and understand the foregoing provisions of this waiver and accept the terms of this waiver and release of liability as a condition to my participation in the visit to Port of LA, I further agree that this release be governed by the laws of the applicable jurisdiction.

#### □ I understand and accept the waiver of liability.

Participant Signature

**CANCELLATION POLICY**:. If you must cancel your reservation, all payments are 100% nonrefundable, regardless of the date <u>of payment</u>. No exceptions will be made. While we do not anticipate doing so, should the Pacific Council on International Policy be forced to cancel or postpone the trip outlined in these materials, refunds will be considered in accordance with the circumstances of the cancellation.

#### I understand and accept the cancellation policy.

| Participant | Signature |
|-------------|-----------|
|-------------|-----------|

**FITNESS REQUIREMENT**: I acknowledge that traveling may involve physical activities including but not limited to: walking moderate distances, climbing stairs and standing for extended periods of time. I attest that I am in good physical health and will be able to successfully complete these and other physically demanding tasks.

□ I understand and accept the fitness requirement.

**Participant Signature** 

Date

Date

~~~~~

PLEASE RETURN VIA FAX to (213) 221-2050 <u>OR</u> SCAN SIGNED DOCUMENT & E-MAIL to: <u>trips@pacificcouncil.org</u> -- PAGE 3 --

Date