

TRIP INFORMATION

The Pacific Council invites you to participate in an exclusive National Delegation to U.S. Pacific Command (U.S. PACOM). This 3-day trip will focus on U.S. foreign and defense policy in the Asia Pacific, with a special focus on China and ongoing tensions in the South China Seas. The delegation is scheduled to meet with senior officials at U.S. PACOM and U.S. Pacific Fleet (U.S. PACFLT). Delegates will receive briefings at the East-West Center and the Asia Pacific Center for Security Studies, and participate in a special visit to Pearl Harbor/the USS Arizona.

The Pacific Council's National Delegations visit U.S. sites and cities that are dynamic centers of policy, diplomacy, and security. Each delegation aims to better understand and address a key issue on the global agenda – from privacy and surveillance to water policy. In fostering closer ties with leaders, thinkers, partners, and institutions who are shaping our world, delegates serve as ambassadors representing the Pacific Council during the visit and bring back new ideas upon return. Members with related expertise or demonstrated interest actively contribute to achieving the goals of each fact-finding mission.

TRIP OVERVIEW:

- The registration fee is inclusive of ocean front hotel accommodations at the <u>Kahala Resort & Hotel</u> from October 18 21 (four nights); all ground transportation; airport transfers; all meals; staff support; and all logistical arrangements pertaining to the visit.
- Airfare is not included in the registration pricing. Delegates will need to arrange for their own flights to and from Honolulu, Hawaii.
- The trip will begin the morning of Wednesday, October 19 and will run through the early evening of Friday, October 21.



REGISTRATION FORM

REG	12 IKAIION FEE:								
	S6,943 (Couple)								
TOTA	AL PAYMENT AN	MOUNT: \$							
* Pay	yment is due Frid	ay, Septembe	er 23 to reserve your s	грасе.					
PAY	MENT INFORMA	TION:							
	•	Pacific Cou ATTN: Trips I 725 S. Figue	ks payable to the F uncil on Internation Department eroa St., Suite 450 s, CA 90017			ernatior	nal Policy		
	CREDIT CARD Usa	Please remit	credit card payme MasterCard				fax (213) 221-2018. Discover		
Cred	Credit Card Number			Expiration Date		Security Code			
Billin	ng Address (City	, State/Provi	ince, Country, Zip/I	Postal Co	ode)				
Name as it Appears on Card (please print)					Car	Cardholder's Signature			

PLEASE SIGN & RETURN VIA FAX to (213) 221-2050

OR SCAN SIGNED DOCUMENT & E-MAIL to: trips@pacificcouncil.org



DELEGATE INFORMATION

Delegate Name:				
Delegate Cell Phone:				
Delegate Email:				
Delegate Dietary Restrictions:				
Spouse/Partner Name:				
Spouse/Partner Cell Phone:				
Spouse/Partner Email:				
Spouse/Partner Dietary Restrictions:				
Emergency Contact Name:				
Emergency Contact Phone:				
REGISTRATION CHECK LIST:				
The following items must be returned to the Pacific Council in o later than <u>Friday</u> , <u>September 23</u> :	der to complete your registration no			
 Registration Form & Payment [Page 2] Delegate Information Page + Required Materials [Page 3] Signed Waivers of Liability; Deposit & Cancellation Policy; Fitness Requirement [Page 4 & 5]* High Resolution Photo: Scanned, clear, high resolution Brief Biography: 200-300 words 				
*One per participant				

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# WAIVERS (Page 1 of 2)

<u>LIABILITY WAIVER</u>: 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 October 2016 visit to Hawaii, 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 Hawaii 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 Representative concerning the safety of the visit to Hawaii, the security precautions taken in sponsoring the visit to Hawaii, the relative safety or danger associated with or connected in any way to the visit to Hawaii 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 Hawaii. 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                              | Date |  |



#### WAIVERS (Page 2 of 2)

<u>DEPOSIT & CANCELLATION POLICY</u>: Full payment is due by <u>Friday, Sept 23</u>. Please note your space on this delegation will <u>not</u> be reserved until full payment has been received. <u>If you must cancel your reservation</u>, all <u>payments are 100% nonrefundable</u>, <u>regardless of the date 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.

<u>The Pacific Council strongly encourages travelers to purchase travel insurance.</u> Travel insurance will not insure trip registration fees and may only cover the cost of plane tickets and other incidentals.

| <ul> <li>I understand the cancellation policy and <u>will not</u> purchase travel insurance.</li> <li>I understand the cancellation policy and plan to purchase travel insurance.</li> </ul>                                                                                                                                                    |      |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|--|--|--|
| Participant Signature                                                                                                                                                                                                                                                                                                                           | Date |  |  |  |  |  |
| <b>FITNESS REQUIREMENT</b> : 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. |      |  |  |  |  |  |
| <ul> <li>I understand and accept the fitness requirement</li> </ul>                                                                                                                                                                                                                                                                             | ent. |  |  |  |  |  |
| Participant Signature                                                                                                                                                                                                                                                                                                                           | Date |  |  |  |  |  |

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