

Hospital/Group Registration & Payment Form

Please mail this form & payment by August 24th.

Breathe NH, 145 Hollis St., Unit C, Manchester, NH 03101
Phone: 603-669-2411
Or Register Online: BreatheNH.org/events/cruise



Hospital/Group Name: _____

Hospital/Group Mailing Address: _____
City: _____ State: _____ Zip: _____

Primary Cruise Contact Staff: _____ Title: _____

Telephone: _____ Email: _____

Secondary Cruise Contact Staff: _____ Title: _____

Telephone: _____ Email: _____

Group Registration and Payment Details:

- **\$25 per cruiser (up to 3 hospital/group staff members are complimentary)**
- Number of patients: _____ Number of staff: _____
- Payment Amount: _____

Card #: _____ Exp. Date: _____

CVV Code: _____

Billing Address: Same as above or: _____

Name on Card: _____

Signature: _____

Please list names and titles of each staff member attending the cruise:

1. _____

2. _____

3. _____

- **Waivers:** All group participants, their guests and hospital staff must sign the waiver (found online and enclosed) before boarding. This waiver can be turned in at the group check-in table the day of the cruise. For this event, no guests under 18 years of age please.

- **Oxygen:** It is imperative to communicate to your group that: All participants are responsible for contacting their /oxygen supply company prior to the event to ensure they are prepared for this trip and have enough oxygen for the **entire day.**