



We would like to participate in the CDC Distributors travel program below and have given our territory manager the required cash deposit.

**Please sign us up for:** *(Please check all that apply. Please type or print all information.)*

**Norwegian Viva Southern Caribbean Cruise**, February 23 - March 2, 2025

- Double Occupancy at 32,800 points per couple, or  Single (cabin alone) at 24,200 points per person. \_\_\_\_\_
- \_\_\_\_ Extra passengers, as Adult (13 yrs and older) at 10,700 points per person. \_\_\_\_\_
- \_\_\_\_ Extra passengers, as Child (12 yrs and younger) at 9,100 points per person. \_\_\_\_\_

- Check here if you are interested in a cabin upgrade and we will provide you with options and costs.

**Note that all upgrades must be paid directly to our CDC Travel Headquarters.**

- Departure City:**
- Cleveland, OH
  - Cincinnati, OH
  - Columbus, OH
  - Dayton, OH
  - Detroit, MI
  - Grand Rapids, MI
  - Evansville, IN
  - Indianapolis, IN
  - Louisville, KY
  - St. Louis, MO
  - Other: *(Surcharge may apply)* \_\_\_\_\_
  - I/We will make our own air arrangements. Deduct 2,600 points per person as an air credit. \_\_\_\_\_

The maximum number of people allowed to occupy a cabin is four (4).

**TOTAL POINT OBJECTIVE:**

**Please type or print all information.**

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Participant #1 Name: *(As it appears on your Passport):* \_\_\_\_\_ Birth Date: \_\_\_\_\_

Participant #2 Name: *(As it appears on your Passport):* \_\_\_\_\_ Birth Date: \_\_\_\_\_

Participant #3 Name: *(As it appears on your Passport):* \_\_\_\_\_ Birth Date: \_\_\_\_\_

Participant #4 Name: *(As it appears on your Passport):* \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Ste. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This is a:  Home Address  Work Address E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ This is a:  Home  Work  Mobile

**Trip Points:** As a "Rising Star" account, CDC Distributors will award **3% of your total sales volume** as Bonus Points, **beginning when we receive your enrollment form and deposit.**

CDC "RISING STARS" are defined as a new retailer who has never traveled with CDC Distributors, or has not participated in a travel promotion in the past five years. Current trip drawing winners are not precluded from being a Rising Star. Once a "Rising Star" has become established with CDC Distributors, they will automatically revert to "Premier Dealer" status in subsequent years.

**DIRECT CONTAINER SHIPMENTS WILL BE EXCLUDED FROM SALES TOTALS AND WILL NOT EARN BONUS POINTS.**

**Note that CDC Distributors includes cushion and underlayment in the points reward. Points have NO CASH value, and are awarded on completed trips only. Points are valid for the current years program(s) only and cannot be rolled forward to future trips.**

**Open Accounts:** All open accounts must be in good standing with the CDC credit department. No travel documents will be sent without credit department approval.

**Tax Obligations:** All trips earned do not include any income tax that may become due. CDC Distributors is required to send an IRS Form 1099 to participants based on current IRS regulations.

**Responsibility:** CDC Distributors, its agents, contractors, and suppliers and their parent, subsidiary, and affiliated companies maintain no control over those who participate in the various incentive trips, and shall not be liable for any injury, damage, loss, expense, accident, inconvenience or other liability caused by participation in this incentive program.

**I certify that we are a:** *(A selection is required. Indicate only one. For Corporations or LLC's please include your Federal Employers ID number. For Partnerships or Sole Proprietorships, please include your Social Security number.)*

Corporation, or  LLC  
Federal Employers ID: \_\_\_\_\_

Partnership, or  Sole Proprietorship  
Social Security Number: \_\_\_\_\_

Signature: *(required)* \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



Please indicate your special pricing choices from the options below.

- Option #1** - Please add the following overbill amounts to my purchases: *(Please indicate only those product groups to increase.)*  
 Note that Plan "B" doubles all amounts of Plan "A"

PRODUCT	Plan "A"	Plan "B"
Beauflor Vinyl	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Carpet Broadloom and Tiles	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Cushion	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Wood	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
TruShield LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft

PRODUCT	Plan "A"	Plan "B"
LG LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Laminate	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Timeless Designs Wood	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Timeless Designs Rigid Core	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Schonox	<input type="checkbox"/> \$2.50 Bag	<input type="checkbox"/> \$5.00 Bag

- Option #2** - Please keep me on my current special pricing program.

Dealer Initials: \_\_\_\_\_

**Enrollment & Deposits:** Any customer wishing to participate in this program must complete an enrollment form and place a **non-refundable deposit of \$500 per couple**. The deposit may be paid with a check, billed to your CDC promotional account, or with an initial order, but may not be paid using CDC Bonus Points. This deposit will be applied to your trip account once your trip is completed.

**Promotional Period:** August 1, 2023 - December 31, 2024 (17 Months)

**Buy-in Opportunity:** Should your trip fund not fully cover the cost of your trip, you may "buy-in" for the unearned portion as long as you are at least 75% qualified at the end of the qualification period.

**Travel Dates:** Sunday, February 23 - Sunday, March 2, 2025

**Proof of Citizenship:** U.S. citizens on "closed-loop" cruises will be able to travel with proof of citizenship, such as an original or certified copy of his or her birth certificate (issued by the Vital Records Department in the state where he or she was born) and if 16 or older, a valid government-issued photo identification consisting of a REAL ID, or state-issued Enhanced driver's license. Although not required, a valid U.S. passport is highly recommended. Non-U.S. citizens should contact their local consulates for travel requirements.

**Cancellations:** Any customer wishing to drop out of this program may do so, and changes will be applied based on the cancellation schedule below. Bonus points contributed by CDC are not refundable and may not be used to cover any cancellation charges. Remaining points will be held in your trip account for future trips or refunded on request.

Enrollment to April 22, 2024:	Deposit*
April 23 to July 22, 2024:	\$600 Per Person + Deposit*
July 23 to September 22, 2024:	\$1,000 Per Person + Deposit*
September 23 to November 22, 2024:	\$1,300 Per Person + Deposit*
November 23, 2024 to Operation:	100% of Trip Cost*

Dealer Initials: \_\_\_\_\_

\* These amounts are in addition to costs for any special arrangements previously made on your behalf.

**Additional Information:** Please visit our travel website [www.cdcisttravel.com](http://www.cdcisttravel.com) for information.

I acknowledge that I have read and agree to the program rules and authorize the special overbill pricing above. Furthermore, I understand that should I drop from the program, I will be responsible for any cancellation penalties incurred on my behalf.

Point quotas in this agreement are based on exchange rates and tariffs in effect as of August 1, 2023. CDC Distributors, Inc. reserves the right to increase your point quota in the event said rates and tariffs increase at any time from enrollment to trip operation, or due to unforeseen increases in the initial airfare charged to CDC Distributors. Dealer Initials: \_\_\_\_\_

Signature: *(required)* \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only**

Territory Manager: \_\_\_\_\_ Branch: \_\_\_\_\_ Date: \_\_\_\_\_ ID#: \_\_\_\_\_

Deposit: Amount: \_\_\_\_\_ Paid Via:  Check# \_\_\_\_\_  Bill Customer Account  Order / Ref# \_\_\_\_\_