

**From:** <special\_needs@rccl.com>  
**To:** <ddefendi@bellsouth.net>  
**Sent:** Friday, January 06, 2017 4:46 PM  
**Subject:** RE: Celebrity Guest Special Needs Form- 5592970 | 2017-01-20  
Hello,

Thank you for contacting us with this inquiry. We will provide you with the distilled water and an extension cord, at no extra cost.

Best regards,  
Access Staff  
Lavesh Dhanani

-----Original Message-----

From: [ddefendi@bellsouth.net](mailto:ddefendi@bellsouth.net)  
Sent: 01/05/2017 01:56:39 PM  
To: [special\\_needs@celebrity.com](mailto:special_needs@celebrity.com)  
Subject: Celebrity Guest Special Needs Form- 5592970 | 2017-01-20  
DeFendi, Dennis  
Email Address: [ddefendi@bellsouth.net](mailto:ddefendi@bellsouth.net)  
Country of Residence: USA  
Phone: 8435726905

Ship: EQ  
Sail Date: 2017-01-20  
Booking ID: 5592970

Accommodations:

Stateroom with Roll-In-Shower: NO

I require an accessible stateroom because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the stateroom. NO

Stateroom:

Hotel Room:

Bringing Equipment: , CPAP/BIPAP machine

Bringing Equipment width:

Bringing Equipment Length:

Bringing Equipment Height:

Bringing Equipment Weight(lbs):

Combined Height of Guest and Bringing Equipment(inches):

Combined Weight of Guest and Bringing Equipment(lbs):

Oxygen/Dialysis:

Oxygen Vendor Name:

Oxygen Vendor Phone:

Dialysis Vendor Name:

Dialysis Vendor Phone

Dietary Requests:

Ensure Quantity(8oz cans):

Accessible Shore Excursions:

Other:

**From:** <special\_needs@rccl.com>  
**To:** <sdefendi@bellsouth.net>  
**Sent:** Tuesday, January 10, 2017 11:30 AM  
**Subject:** RE: Celebrity Guest Special Needs Form- 5592970 | 2017-01-20

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We will provide you with the distilled water and an extension cord, at no extra cost. These items will be placed in your stateroom on the day of sailing.

Please be advised your reservation has been noted accordingly.

Best Regards,  
Tracy Cabrera  
Senior Access Advocate

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From: [sdefendi@bellsouth.net](mailto:sdefendi@bellsouth.net)  
Sent: 01/06/2017 03:03:59 PM  
To: [special\\_needs@celebrity.com](mailto:special_needs@celebrity.com)  
Subject: Celebrity Guest Special Needs Form- 5592970 | 2017-01-20

DEFENDI, SUZANNE  
Email Address: [sdefendi@bellsouth.net](mailto:sdefendi@bellsouth.net)  
Country of Residence: USA  
Phone: 8435726905

Ship: EQ  
Sail Date: 2017-01-20  
Booking ID: 5592970  
Accommodations:

Stateroom with Roll-In-Shower: NO

I require an accessible stateroom because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the stateroom. NO

Stateroom:

Hotel Room:

Bringing Equipment: , CPAP/BIPAP machine

Bringing Equipment width:

Bringing Equipment Length:

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Dietary Requests:  
Ensure Quantity(8oz cans):  
Accessible Shore Excursions:

Other: Need Distilled Water & Extension Cord