

**Dennis DeFendi**

**From:** <special\_needs@rccl.com>  
**To:** <ddefendi@bellsouth.net>  
**Sent:** Tuesday, March 14, 2017 2:36 PM  
**Subject:** RE: Guest Special Needs Form - (Booking # 7883773) | RD 17/May/2017

Good Afternoon Dennis,  
Thank you for your inquiry regarding your CPAP.

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,

Michele Peterson  
Access Advocate

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

From: [ddefendi@bellsouth.net](mailto:ddefendi@bellsouth.net)  
Sent: 03/13/2017 01:58:41 PM  
To: [special\\_needs@rccl.com](mailto:special_needs@rccl.com)  
Subject: Guest Special Needs Form - (Booking # 7883773) | RD 17/May/2017

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

Ship: RD  
Sail Date: 17/May/2017  
Booking ID: 7883773

Accommodations:  
Stateroom:  
Hotel:

Bringing Equipment: CPAP/BIPAP Machine

Equipment Type:  
Equipment Battery Type:  
Dimensions Of Equipment (in inches): width, length, inches, lbs  
Combined Dimensions Of Guest and Equipment: inches, lbs

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