

Dennis DeFendi

From: <special_needs@rccl.com>
To: <ddefendi@bellsouth.net>
Sent: Monday, January 08, 2018 2:24 PM
Subject: RE: Guest Special Needs Form - (Booking # 9970135) | MJ 19/Jan/2018
Good afternoon,

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,

Kaylee Contreras
Access Advocate

[THREAD ID:1-AC1PMG2]

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

From: ddefendi@bellsouth.net
Sent: 01/06/2018 10:04:47 AM
To: special_needs@rccl.com
Subject: Guest Special Needs Form - (Booking # 9970135) | MJ 19/Jan/2018

DEFENDI,DENNIS
Email Address: ddefendi@bellsouth.net
Country of Residence: USA
Phone: 8435726905

Ship: MJ
Sail Date: 19/Jan/2018
Booking ID: 9970135

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

Oxygen/Dialysis:

N/A

Vendor Name:

Vendor Number:

N/A

Vendor Name:

Vendor Number:

Medical:

Ensure® Quantity (8 oz cans):

Book Accessible Shore Excursions:

Minimal Walking:

Traveling With A Companion:

Transfer From Wheelchair To Seat:

Other: