Mayflower™
CRUISES & TOURS
A DIVISION OF THE SCENIC GROUP

SLEEP APNEA MACHINE INFORMATION

Traveler Name: _____

Reservation Number: _____

Tour Name: _____

Departure Date: _____

Please provide the following information:

Make: _____

Model: _____

Select Type: Batterty ☐ *or* Electric ☐

Voltage: _____

Size (Height / Width / Length): _____

Weight: _____

Airflow required per minute: _____

FORMS MUST BE COMPLETED AND RETURNED 120 DAYS PRIOR TO DEPARTURE

Please return this completed form to:

Mayflower Cruises & Tours
ATTENTION: International Operations
650 Warrenville Rd., Suite 500
Lisle, IL 60532

OR email the form to: **optionals@mayflowercruisesandtours.com**

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1-800-728-0724