



Guest Medical Supply Vendor Information Form

Please be advised that the following information will need to be received **no later than one week prior to sailing**. If this form is not received, your medical supplies may not be delivered or picked up at the port. Please email this completed form to GuestMedical@HAGroup.com.

Medical Supply Information

Company Name & Phone Number	Driver's Name/Date of birth/Citizenship	Driver's License Number/State/Exp. Date	Vehicle License Plate Number	Make/Model/Year/Color of vehicle

Guest/Ship Information

Guest Name	Booking Number	Voyage	Stateroom	Date of Delivery	Medical Supplies to be Delivered/Picked Up