

Embarc® Together Exchange Form

One exchange form per accommodation/week. The form below is for online authorization.
To access this form for authorization via mail or fax, click here.

Member Information

FIRST NAME	LAST NAME		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	FAX	
MEMBER #	E-MAIL		

Accommodation Authorization Information

The following resorts qualify for exchange: Interval International® or RCI® resorts. In addition, the manager of ExtraOrdinary Escapes reserves the right to accept or deny any exchange.

I authorize ExtraOrdinary Escapes to verify my accommodation/week information at:

RESORT NAME	RESORT CODE		
RESORT PHONE	RESORT FAX		
RESORT ADDRESS	RESORT CITY	STATE	ZIP
<input type="checkbox"/> Interval International® AFFILIATION (CHECK ONE)	<input type="checkbox"/> RCI®	ARRIVAL DATE (MM/DD/YYYY)	DEPARTURE DATE (MM/DD/YYYY)
<input type="checkbox"/> HIGH SEASON (CHECK ONE)	<input type="checkbox"/> MID	<input type="checkbox"/> LOW	ARRIVAL YEAR
			CONFIRMATION NUMBER

Exchange forms should be submitted no less than 6 months and no more than two years from the arrival date.

ACCOMMODATION #	<input type="checkbox"/> Efficiency/Hotel	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 3 Bedroom
	<input type="checkbox"/> Studio	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 4 Bedroom
ACCOMMODATION TYPE			

Print and Mail Authorization

Print and fax this form to 1.702.765.8722
or mail this form to:

Embarc® Together
c/o Diamond Resorts International®
Attn: Club Inventory Dept.
10600 West Charleston Boulevard
Las Vegas, Nevada 89135

My signature below indicates I am legally entitled to relinquish this week. I understand that all associated fees must be paid for the year I am depositing. Furthermore, I have not committed, nor will I commit, this accommodation for the use year indicated for any use other than ExtraOrdinary Escapes.

MEMBER(S) NAME(S)		
RESORT OWNER ID	DATE	
MEMBER(S) SIGNATURE(S)		

