



AUDUBON NATURALIST SOCIETY NATURE TRAVEL PROGRAM RESERVATION FORM

Please complete this form and mail it as soon as possible with your deposit check, payable to the Audubon Naturalist Society, 8940 Jones Mill Road, Chevy Chase, MD 20815. If you have any questions, contact Carol Hayes at (301) 652-9188 x10.

Panama: January 31-February 7, 2019

1) Name (as appears on passport) _____ Date of Birth: _____

Passport #: _____ Expiration Date: _____

2) Name (as appears on passport) _____ Date of Birth: _____

Passport #: _____ Expiration Date: _____

Address: _____

Phone: Home/Cell _____ Work _____ E-mail: _____

Preferred name(s) for name badge(s) if different from above: _____

I need a permanent orange ANS luggage tag _____ yes _____ no

_____ Check here if a member of the Audubon Naturalist Society _____ I am joining ANS at this time.

Emergency contact person(s): _____

Address: _____

Telephone, Home: _____ Work: _____

Note: If we cannot match you with a roommate, payment of a single room supplement may be required.

_____ I wish to have a single room when possible. (**Note**--Single rooms at the Canopy Tower use a shared bathroom; Single rooms at the Canopy Lodge have private bathrooms.)

_____ I/we wish to have a double room whenever possible. Do you prefer one or two beds? _____

My roommate: _____ (or) I need an assigned roommate: _____

Do you smoke? _____ Do you prefer non-smoking rooms? _____ Will you share a room with a smoker? _____

NOTE: If you have any medical conditions that could possibly become evident during the trip, please note this information on the back of this form or on another page. We will also be sending out a Health Information Form in a separate mailing.

--OVER--

How did you find out about this trip? _____

Briefly note your natural history interests or goals for this trip: _____

Enclosed is a deposit check for \$_____.

_____ signature _____ date

_____ signature _____ date

PLEASE NOTE: Your signature and deposit denote acceptance of the terms set forth in the attached itinerary, important information sheet, and responsibility clause.



**8940 Jones Mill Road * Chevy Chase, MD 20815 * (301) 652-9188 x10 (Carol Hayes)
ANShome.org**