



## AUDUBON NATURALIST SOCIETY 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 Beth Cranmer at (301) 652-9188 x11.

### West Texas, April 12 - 23, 2011

1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone, Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

\_\_\_\_\_ Check here if a member of the Audubon Naturalist Society

Emergency contact person(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone, Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

\_\_\_\_\_ I wish to have a single room whenever possible and will pay the extra fee.

\_\_\_\_\_ I/We wish to have a double room whenever possible.

For double room do you prefer: \_\_\_\_\_ one bed (queen or king) 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.**

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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 and responsibility clause.*