



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.

Yellowstone, September 9-19, 2010
destination of trip

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.

--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 and responsibility clause.*