

RESERVATION FORM – Madagascar Gem Tour – Aug. 29 to Sept. 12, 2008

Traveler #1	Traveler #2
Name	Name
Address	Address
Phone	Phone
Email	Email
Birth Date	Birth Date
Citizenship	Citizenship
Passport #	Passport #
Issue Date	Issue Date

- Room choices:
- We are traveling together and wish to share a double room.
 - Please assign me/us a single room(s). (Single supplement: \$950 per person)
 - I wish to share a double room with _____
 - I am traveling alone; please try to find a suitable roommate for me.
(If a suitable roommate cannot be found, I understand that I will be required to pay the single supplement.)

- **Reservations from Council members must be postmarked no earlier than February 22, 2008. Reservations from non-Council members must be postmarked no earlier than February 29, 2008.**
- **The base tour price is estimated at \$5,200 per person** (dbl. occ.) as of January 2008. There could be some change in this amount depending on fluctuations in the exchange rate and other factors, which cannot be completely anticipated. Note that you are responsible for arranging and paying for your own travel to Madagascar. Three in-country flights are included in the tour price.
- Read the brochure carefully for important details concerning what is included and excluded in the tour price, our cancellation and refund policy and the responsibility of the tour providers. Submission of this reservation form constitutes acceptance by all named travelers of all the terms and conditions noted in the brochure.
- You should be in reasonably good health and physical condition to participate in this tour. See the information provided in the brochure for more details. Please inform us of any medical conditions that could conceivably interfere with your ability to participate fully in the tour.

- Payment choices:
- Enclosed please find a check for my/our trip deposit of \$2,000 per person.
(Payment by check is preferred. Make check payable to: **LACMNH Foundation**.)
 - Please charge my/our trip deposit (\$2,000 per person) to the credit card below.
(Visa or Master Card only - Note that payments by credit card are subject to a 3% surcharge.)

Card Number _____ Expiration _____

Authorized Signature _____ Date _____



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