

Eckert AgriTours: The Costa Rica Experience

January 15-22, 2010 escorted by Jane Eckert

Please fill in completely. Use full legal name as on passport (include middle initial)

Title: Mr./Mrs./Ms./Miss Full Legal Name(s) (as on passport)

1. _____

2. _____

Home Address _____

City _____

State _____ Zip _____

Mailing Address (if other than above) _____

City _____ State _____ Zip _____

Phone H - (____) _____ W - (____) _____

Best time and place to call _____ Cell (____) _____

E-Mail _____

Nametag Names

1. _____

2. _____

Airline Security information:

Passport Number 1. _____ Exp. Date _____

Passport Number 2. _____ Exp. Date _____

(If you must apply for new passport, send number/exp. date/ where issued, when received.)

1. Date of Birth: Month _____ Day _____ Year _____

Place (City/State) _____

Nationality _____ Male Female

2. Date of Birth: Month _____ Day _____ Year _____

Place (City/State) _____

Nationality _____ Male Female

Arrange round trip air transportation from _____ airport which is nearest my hometown.

Choice of roommate _____

Please match me with a roommate (if available) Non-smoking Smoking

I prefer a single room (supplement \$525).

1. Occupation _____ Hobbies _____

2. Occupation _____ Hobbies _____

Emergency Contact/Relationship _____

Phones: H - (____) _____ W - (____) _____

Cell - (____) _____

E-mail _____

Medical emergency information (example: allergies, medication, etc.)

1. _____

2. _____

DEPOSIT

Enclosed is my/our \$ _____ deposit (\$500 per person) prior to April 1 in order to qualify for the Early Bird Discount.

Enclosed is my/our \$ _____ deposit (\$500 per person).

Enclosed check or charge to my credit card:

Discover MasterCard Visa

Card # _____ Exp. Date _____

Name as it appears on card _____

Signature _____

Enrollment in and payment of deposit constitutes your acceptance of the Tour Conditions/Responsibility of Dehoney Travel, Inc. to provide this travel program.



Credit Card Registration Available
Call 800/325-6708

Escorted by: Jane Eckert

Access America Travel Protection:

1. Please contact Access America on my behalf and purchase the Tripcare Classic Plan.

Please **also** purchase BizPack Expanded Coverage for me/us at the rate of \$19 per person in addition to the Tripcare Classic Plan.

Date of Birth _____ Discover MasterCard Visa Card Card # _____

Social Security # _____ Expiration Date _____

Name as it appears on card _____

Signature _____

I understand that a record of this charge and policy number/confirmation will be sent to my above address.

2. I will be contacting Access America about optional insurance coverage.

OR

3. I would like to decline the optional insurance coverage.

Signature _____

For assistance in evaluating your insurance needs or if you have questions about this coverage, please call our insurance department at 812/206-1080 or 800/325-6708.

Make check payable to and mail enrollment to:



Dehoney Travel, 3008 Charlestown Crossing, New Albany, IN 47150.