



Enclosed is my/our deposit for \$\_\_\_\_\_ (\$600 per person) for a party of \_\_\_\_\_ on this program. I/we understand that the final payment is due at least 60 days prior to departure. Please send form and payment information to Princeton Journeys, P.O. Box 291, Princeton, NJ 08542-0291 or via fax to (609) 258-5561. For information, please contact the Princeton Journeys team by phone at (609) 258-8686 or email [journeys@princeton.edu](mailto:journeys@princeton.edu).

**PERSONAL INFORMATION**

**Participant #1** \_\_\_\_\_  
*Name (as it appears on your passport)* *Princeton Affiliation* *Date of Birth*

**Participant #2** \_\_\_\_\_  
*Name (as it appears on your passport)* *Princeton Affiliation* *Date of Birth*

**Address:** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

**Home Phone:** ( ) \_\_\_\_\_ **Alternate Phone:** ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**ACCOMMODATION PREFERENCE**

**Hotel Room Preference:**  Two-Bed Double  
 One-Bed Double

**For Single Travelers:**  I wish to share a cabin with \_\_\_\_\_  
 I would like to know about potential roommates

**PAYMENT AND TERMS**

- Enclosed is my check (payable to *Bio-Bio Expeditions*)
- Please charge my credit card for the appropriate deposit amount.  Visa  MasterCard  American Express

\_\_\_\_\_  
*Name as it appears on credit card* *Credit card number* *Expiration date* *3- or 4-digit Security code*

\_\_\_\_\_  
*Cardholder signature* *Date*

PLEASE NOTE: Each participant must sign below. I/We confirm that I/we have carefully read and agree to the *Terms & Conditions* of this program.

\_\_\_\_\_  
*Participant #1 Signature* *Date*

\_\_\_\_\_  
*Participant #2 Signature* *Date*