

\* Rates Valid Only With a Minimum of 11 Reservations



## **COSTA RICA REGISTRATION**

Member:			Email:		
Guest:					
Address:					
City:				Fax:	
I would like Traveler's Choice to mak	e airline reservatio	ons for	persons		
Departure City:		Air	port Preference:		
Please charge my airline ticket to the	e following credit o	card: Credit Ca	rd Name:		
Credit Card Number:	[	Expiration Date	: Signature:		_

Please call Traveler's Choice for Airline Reservations at (910) 452-1452. E-Mail: DivingDocs @ aol.com \$1000 Deposit per person required at this time.