

* Rates Valid Only With a Minimum of 11 Reservations

COSTA RICA REGISTRATION					
Member:			Email:		
Guest:					
Address:					
City:					
I would like Traveler's Choice to mal	ke airline reservatior	ns for	persons		
Departure City:		Air	rport Preference:		
Please charge my airline ticket to th	e following credit ca	ard: Credit Ca	ard Name:		
Cuadit Cand Number	Γ.	unional an Dat	Ciamatuwa.		