



South Africa: History, Culture & Wildlife – Program date: _____

South Africa Program: October 18-29, 2008 Durban & Lesotho: 28-31 Yes Sun City: 28-31 Yes

Name: _____ Rev / Dr / Mr / Ms / Mrs M or F
last name first name

Occupation: _____ Date of Birth: _____

E-Mail Address: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____
street address

_____ Are you a U.S. citizen? Yes No
city state zip

Emergency Contact: _____ Relationship: _____

_____ Home Phone: _____
street address

_____ Cell Phone: _____
city state zip

Do you have a US passport? N Y Passport Number: _____ Exp. date: _____

Do you have a foreign passport? N Y Which country is it from? _____

Airplane seating preferences: Non-smoking Smoking Window Aisle

Trip originating from NY, JFK Intl.; where will you be traveling from: _____

Rooming preferences: Single room Double room Roommate: _____

Special health needs: _____

Please indicate any previous travel in Africa or any other developing country. Please include dates (if possible). _____

Why are you interested in South Africa? _____

How did you find out about this program? _____

Please mail the completed application and your deposit to: African Travel Seminars, P. O. Box 865, Bel Air Maryland 21014

Checklist: Completed Application \$500 Deposit Phone contact: Georgina Lorencz: 410-420-6533. *Thank you!*