

CONDOR TOURS & TRAVEL

Mail Deposits and Reservations to: Condor Tours & Travel  
1907 De Winton Place  
Lawrenceville, GA 30043

Telephone: (800) 783-8847  
Email: info@condortoursandtravel.com

Please reserve \_\_\_\_\_ spaces for the 2011 Dry Season Tour to Panama, 2 departure choices

\_\_\_\_\_ January 17-26, 2013  
\_\_\_\_\_ February 28-March 9, 2013

. Double \$2599.00pp; Single \$3550.00pp

\_\_\_\_\_ Reserve for 2599.00 pp based on double occupancy  
\_\_\_\_\_ Reserve for \$3550.00 based on single occupancy

I (we) have enclosed a deposit of \$500 per person, for a total deposit of \$\_\_\_\_\_.  
Please print clearly all information requested below

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Passport No. \_\_\_\_\_ Exp. \_\_\_\_\_ Nationality \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Passport No. \_\_\_\_\_ Exp. \_\_\_\_\_ Nationality \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_ Please book air from \_\_\_\_\_ (additional cost)

\_\_\_\_ I/we will take care of my own airline schedule.

\_\_\_\_ I/we will be changing the itinerary as noted on the attached (arrive early, stay longer, etc)

\_\_\_\_ I would like to room alone and pay the additional charge (single room subject ot availability)

\_\_\_\_ I/we will \_\_\_\_ will not purchase travel insurance. If yes will you purchase through Condor Outfitters, Inc. \_\_\_\_ yes \_\_\_\_ no

**I (We) have read and accept the terms and conditions paragraphs.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail/fax deposits via check or CC and Reservation form to:**

**Condor Tours & Travel  
1907 De Winton Place  
Lawrenceville, GA 30043**

**Telephone:**

**(800) 783-8847**

**Fax:**

**770-995-8017**

**Email:**

**info@condortoursandtravel.com**

CARD TYPE (Circle one): VISA MASTERCARD

CARD NUMBER \_\_\_\_\_

Expiration: Month \_\_\_\_\_ Year: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_