



REGISTRATION FORM

Please type or print (Name as it appears on your passport).

Please circle: Dr. Mr. Mrs. Ms. Miss. Rev. Occupation:			
First Name:	MI	Last Name:	
Address:		Apt. #	
City:		State:	Zip:
Date of Birth:	City/State of Birth:	Nationality:	
Passport Number:	Place Issued:	Date Issued:	Exp.:
Daytime Phone:		Evening Phone:	
E-Mail:	Roomate:		
Tour Number:	Destination:		
Frequent Fiyer Number:	Special Meal request:	Additional needs:	

HEALTH & DIETARY NEEDS

I have the following condition'(s): (Please check)

<input type="checkbox"/> Allergy to horse serum
<input type="checkbox"/> Allergy to bee stings
<input type="checkbox"/> Alergy to tetenus shots
<input type="checkbox"/> Allergies to some foods - Please list:
<input type="checkbox"/> Epileptic/Seizures - Please describe:
<input type="checkbox"/> Heath/Repriratory/Other - Please describe:

I require a special diet. Please list: (If vegetarian, please be specific.)

Are there any other health issues we should know about?

Name of Physician	Physician's emergency number	
Physician's address	City	Zip
Health Insurance Company	Policy Number	Blood Type

ACTIVITIES AND INTEREST

Please check the areas of interest. Activities do not apply to every destination:	<input type="checkbox"/> History	Tour Options		
	<input type="checkbox"/> Bird Watching		1. If you are intersted in extending your tour please give us details of what you would like to plan:	
	<input type="checkbox"/> Observing Wildlife			
	<input type="checkbox"/> Botany		2. Please give the number of days you wish to extend	
	<input type="checkbox"/> Photography			
	<input type="checkbox"/> Fishing		Future Travel	
	<input type="checkbox"/> Shopping	1. Where are you interested intraveling?		
	<input type="checkbox"/> General Nature Study			2. Please give dates:
	<input type="checkbox"/> Studying Local Cultures			
	<input type="checkbox"/> Hiking			3. Number of adults Children
	<input type="checkbox"/> Other	4. Type of accomodations		

EMERGENCY CONTACT

First Name:	Last Name:		
Address:	City:	State:	Zip:
Daytime Phone:	Evening Phone:		

DOMESTIC AIRLINE RESERVATIONS

If you are making your own domestic reservations, we will need to know your schedule in order to secure your international flights. Please provide the details.

Airline	Flight #	Date	Departure	Arrival
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PAYMENT INFORMATION

Please select your method of payment below. If paying by credit card, please include your billing address and phone number.

Method of Payment:	For Credit Card Payments: Name on Credit Card:	
Visa	Card Number:	Exp. Date:
MasterCard	Billing Address:	
Check/Money Order	Billing Phone Number:	

I am a tour participant traveling with Xodus International Group on / / to , tour number I authorize Xodus International Group to charge my credit card in the amount of \$. I prefer to have my documents sent by Regular Mail UPS FEDEX
Print Name Signature

(Participants making payments by credit card will be required to complete the Credit Card Authorization Form, submit copy of front and back copies of the traveler's credit card, a copy of the traveler's valid driver's license.)
Please be advised of the additional 2.5% for credit card charges.

DISCLAIMER

Arrangements for the tour have been made by Xodus International Group LLC, the tour operator Xodus International Group LLC. has engaged the services of airlines, hotels, transport and sightseeing companies which are not its employees or agents. All tickets and coupons are issued subject to any and all terms which govern such means of transportation or services as offered and the insurance and acceptance of such tickets and vouchers shall be deemed consent to the further condition that Xodus International Group shall not become liable or responsible for any loss, injury or damage to or in respect of any person or property.

The tour member specifically waives any claims against Xodus International Group LLC. for any damage to or loss of property or injury or death of persons due to any act of negligence of any person rendering services and accommodations set forth in the itinerary or substitution of services which in their sole opinion or in the opinion of the ground operator are dictated by the prevailing circumstances. This is to include a withdrawal of the tour, cancellation of specific members, alterations or accommodations should conditions warrant. All rates are based on tariffs in effect at the time the tour was planned and are subject to change in the event of adjustment therein.

No refund can be made unless agreed to prior to the departure of the tour. Refunds, if any, are limited to the amounts recovered from the hotels and operators of services and are payable only when received. We also resend the right not to accept or continue with a participant who affects the enjoyment or rights of other group members. This agreement is solely between the participant and Xodus International Group LLC.

Travel Insurance

Travel Insurance Company	Phone Number	Date issued
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I have elected not to obtain travelers insurance. Please initial here

I have read and agreed to the above and to the terms, conditions and cancellation penalties.

Participants Signature Date

Guardian's Signature Date

(If applicant is under 21 years of age, guardian must sign.)