



Kriegner Travel
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Please fax this form to Kriegner Travel. Each participant must complete their own form.

I would like to register for (please check your tour preference):

	Begins	Ends	Days	Destinations	Starting at
	12/01/09	12/11/09	11	Tanzania - History, Culture, and Wildlife Safari	\$6,795
	12/09/09	12/19/09	11	Mysteries of The Ecuadorian Cloud Forest	\$2,930
	02/22/10	03/04/10	11	Journey to Bhutan - Land of The Thunder Dragon	\$6,950
	03/14/10	03/25/10	12	New Zealand - Aotearoa, Land of the Long White Cloud	\$6,590
	05/21/10	05/30/10	10	Kazakhstan - Zhetysu Wonderland	\$4,345
	05/29/10	06/06/10	9	Sweden: In Linnaeus Footsteps: Orchids, Fossils, and Birds of Southern	\$4,975
	08/02/10	08/14/10	13	Kamchatka - Volcanoes, Geysers, Salmon, Bears and the Inhabitants of the Peninsula	\$7,740
	08/05/10	08/14/10	10	Kyrgyzstan - Kyrgyz Land of Wonders	\$2,950
	09/16/10	09/26/10	11	Uzbekistan – Central Asia and the Silk Road	\$3,985
	10/28/10	11/07/10	11	Mysteries of The Ecuadorian Cloud Forest	\$2,995
	11/08/10	11/19/10	12	New Zealand - Aotearoa, Land of the Long White Cloud	\$6,590

REGISTRATION INFORMATION:

Full Name (as it appears on your passport): _____

Name for Participant List: _____

Phone (H) _____ Phone (W) _____

Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

Passport Number: _____ Expiration Date: _____

Date of Issue: _____ Place of Issue: _____ Citizenship: _____

Birthday (MM/DD/YYYY): _____ Birthplace: _____

Wedding Anniversary or special occasion: _____

PERSONAL INFORMATION:

We will do our best to accommodate your needs. Please contact us with any questions.

Allergies: _____

Special Dietary Needs: _____

General Health: _____

Name and contact information of a person who is not traveling with you, who we should contact in case of emergency:

Name: _____ Relationship: _____

Phone (H): _____ Phone (W): _____

Address: _____

City: _____ State: _____ Zip: _____

AIRLINE TRAVEL REQUEST:

Travel will be made in the least expensive economy class airfare, unless otherwise directed. Travel will be from your home city of departure to the Tour's Gateway City using the most direct flights available which will enable you to arrive in time to join the IBEX Tour.

Please provide the following information:

1) Home City Airport of Departure: _____

(Return reservations will be made to this city, unless otherwise directed)

2) Airline Seat Preference: _____ Aisle _____ Window _____

3) Airline Frequent Flyer Number: _____