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Lindblad Expeditions 96 Morton Street New York, NY 10014 Phone: 310-206-0613 Fax: 310-209-4271

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RESERVATION FORM: WILD GALÁPAGOS ESCAPE

ABOARD NATIONAL GEOGRAPHIC ISLANDER • SEPTEMBER 30-OCTOBER 6, 2021

Accommodations: Double Single Twin share w/friend Share with roommate assigned by tour operator Please indicate choice of cabin category in order of preference: 1st choice:	Please reserve	piace(s).		
Name 1:	Name 1:			
Name 2:			Nata of Dirth	
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Name 2:		· .		
Street Address: City:				
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City:	Street Address:	, , , , , , , , , , , , , , , , , , ,		
Home Phone:			ate:	ZIP:
Accommodations: Double Single Twin share w/friend Share with roommate assigned by tour operator Please indicate choice of cabin category in order of preference: 1st choice:	•			
Accommodations: Double Single Twin share w/friend Share with roommate assigned by tour operator Please indicate choice of cabin category in order of preference: 1st choice:	Cell Phone:		Fax:	
□ Share with roommate assigned by tour operator Please indicate choice of cabin category in order of preference: 1st choice:				
Please indicate choice of cabin category in order of preference: 1st choice:	Accommodations:	Double Single Twin s	hare w/friend	
1st choice:2nd choice:	☐ Share with roor	nmate assigned by tour operato	r	
□ Please send me information on the Quito extension. □ Enclosed is my advance payment of \$	Please indicate ch	noice of cabin category in order o	of preference:	
□ Enclosed is my advance payment of \$	1st choice:	2nd choic	:e:	
Check made payable to Lindblad Maritime Enterprises, Ltd. Charge my advance payment of \$	Please send m	e information on the Quito exter	ısion.	
Charge my advance payment of \$	Enclosed is my	advance payment of \$		(US \$850 per person).
to my Visa MasterCard American Express Discover Account Number: Expires: Date: Cardholder Signature: Date: UCLA Alumni Travel is an advantage reserved for UCLA Alumni Association sustaining donors.* Please select an option below. I am currently a sustaining donor I have enclosed a check made payable to the UCLA Foundation for \$100 *Sustaining donors include Gold, Life and Blue Members as well as anyone that has made a qualifying donation of \$100 or more to the UCLA Alumni Association Support fund in the past year. I accept the conditions as stated in this brochure and submit my reservation(s) as indicated.	Check made paya	ble to Lindblad Maritime Ente rp	rises, Ltd.	
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Cardholder Signature:	to my □ Visa □	MasterCard □ American Expre	ss 🗆 Discover	
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Signature: Date:	Signature:			_ Date: