



CONSERVATION TOURS – Conservacion Panama Inc RESERVATION FORM

FULL NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COUNTRY OF RESIDENCE: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

Languages (Please ONLY LIST fluency): \_\_\_\_\_

DATES PREFERRED (Start Date & End Date *MM/DD/YYYY*):

\_\_\_\_\_

TOUR PARTICIPANTS:

FIRST NAME	LAST NAME	AGE	SIGNED WAIVER Y/N?
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Tours  
Conservacion Panama Inc.  
Greenfield, Massachusetts USA & Miraflores, Cocolé, Panama  
tours@conservacionpanamaca.org

USA FEDERAL Employer Identification Number: 46-3247597  
Massachusetts Tax ID: 21038070



**Where will you be staying in Panama (Location & Residence/Hotel):**

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

Location 3: \_\_\_\_\_

Location 4: \_\_\_\_\_

Will you require transportation?     YES             NO

**Please select your primary interests (check all that apply):**

- GENERAL NATURE     BIRDING             BUTTERFLIES             MAMMALS
- BOTANY                 HIKING                 AGRICULTURE             CULTURE
- OTHER                  ARCHAEOLOGY-HISTORY             EVERYTHING!

**Do you have specific species of interest you'd like to observe? If so, please list (or attach file):**

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**PLEASE TELL US ABOUT YOURSELF**

**1. What is your age range? (please check all that apply)**

- 0 – 20 years old       21 – 30 years old       31-40 years old       41-50 years old  
 51-60 years old       60+ years old

**2. What is your education level? (please check all that apply)**

- Primary School       Secondary School       University (Associates)       University (Bachelors)  
 University (Graduate)

**3. What do you do for work or are you retired? (please list):**

**4. What countries have you visited? (please list):**

**5. Tell us about your interests, do you have any hobbies? (please list):**

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**MEDICAL - Do you or any members of your group have any significant medical or mobility issues? If so, please describe in detail:**

**Please List an Emergency Contact:**

**FULL NAME**

**PHONE**

**EMAIL**

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