



**DEADLINE FOR RESERVATIONS:
September 17, 2004**

TRAVEL PLANNERS, INC.

HOTEL, AIR RESERVATION, AND TRANSFER FORM

Please complete (type or print) the form below and fax to Travel Planners, Inc. at 1 210 341 5252 as soon as possible.
IMPORTANT: Name(s) as shown below must match documentation or airlines will deny boarding.

Last Name _____ First _____
Spouse/Guest(s) _____
Child _____ Age _____ Child _____ Age _____
Mailing Address [] Home [] Office _____
City/State/Zip _____
Home Phone () _____ Office Phone () _____ Fax () _____
E-mail _____

1. HOTEL RESERVATIONS (Place a 1, 2, and 3 to indicate your hotel preference)

NOTE: Maximum 3 adults or 2 adults and 2 children (12 years or under) per room.

Fiesta Americana Coral Beach: ___ Single/Double @ US\$ 149 ___ Triple @ US\$ 186 ___ 1 Bdr Mstr Ste @ US\$ 295
Dreams Cancun Resort/Spa: ___ Single/Double @ US\$ 122 ___ Triple @ US\$ 154
Hyatt Regency: ___ Single/Double @ US\$ 122 ___ Triple @ US\$ 154
Krystal: ___ Single/Double @ US\$ 122 ___ Triple @ US\$ 154
Hilton: ___ Single/Double @ US\$ 147 ___ Triple @ US\$ 184 ___ 1 Bdr Mstr Ste @ US\$ 252
Clipper Club: ___ Single/Double @ US\$ 80 ___ Triple/Quad @ \$ 90

Arrival Date _____ Departure Date _____ # of rooms _____ # in room _____

Comments _____
(If you have special needs, please attach a separate letter.)

2. AIRPORT TO HOTEL TRANSFERS

One-way transfer to hotel upon arrival at Cancun International Airport must be ordered in advance.

Number of persons at US\$ 15 per person (children 4 and under free) _____

NOTE: Credit Card payment will be processed by IVI Cancun.

3. AIRLINE RESERVATIONS

Depart (city) _____ to arrive Cancun on (date) _____

Return from Cancun* on (date) _____ to arrive at (city) _____

Airline Preference (if any) _____ Frequent Flyer # _____

Seating Preference: Window _____ Aisle _____

*I am taking Field Trip # _____. Please have an airline representative contact me to discuss extended travel requirements.

4. SUMMARY/METHOD OF PAYMENT

HOTEL DEPOSIT* # rooms ___ @ US\$ 150 per room # transfers ___ @ US\$ 15 per person TOTAL \$ _____

[] Check is enclosed. (Made payable to AAPG/TPI in US dollars drawn on a US bank.)

[] Credit Card (Circle One): Visa MasterCard American Express

For: _____ Hotel Deposit* _____ Airline Tickets _____ Airport Transfers

Account Number _____ Exp. Date _____

Billing Name (Please Print) _____

Signature below indicates that attendee has read and understands the cancellation policies and penalties.

Signature _____

*The hotel will charge the required deposit to the credit card above approximately 30 days prior to arrival.

Return to: Travel Planners, Inc. 7550 IH10 West, Suite 1300 San Antonio, TX 78229-5822
Phone: 1 210 341 8131 Fax: 1 210 341 5252 E-mail: aapg@tpires.com
8:30 a.m. to 5:30 p.m., Monday-Friday, Central Time Zone

For the latest updates visit www.aapg.org/meetings/can04/