STUDENT TRAVEL ARRANGEMENTS

International Course in Tropical Medicine
San José, Costa Rica

STUDENT'S NAME: ____________________________________________________________

ARRIVAL INFORMATION:

Date: ____________________________
Airline: ____________________________ Flight #: ____________________________

Scheduled Arrival Time in San José: _________

DEPARTURE INFORMATION:

Date: ____________________________
Airline: ____________________________ Flight #: ____________________________

Scheduled Departure Time from San José: _________

When you have completed making your travel plans, please fill out and return this form via mail or fax to:

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