46354

ACIS® Group Leader Registration Form

Office Use Only

This form must be completed by the Group Leader and returned to ACIS with your group's first applications. Please print in CAPITAL LETTERS and fill in circles completely (ex: ●). Do not staple anything to this form. Please use black or blue ink. Return this form to ACIS, 343 Congress Street, Suite 3100, Boston, MA 02210

Program Selection

Group # ____ Preferred Departure Date ____ / ____ / ____ MM/DD/YYYY

Program Name _____

Preferred departure city/airport _____ How many miles are you from your departure city? _____

My routing request would be to fly into _____ and return from _____

(ACIS will try to honor all requests. Due to airline and/or hotel availability, we cannot guarantee that all requests will be met. Your tour consultant will notify you if this is the case.)

Please indicate any extra days or homestays shown as available on the catalog page, in which ALL your group members will participate _____

My group will purchase an extra day or extension at (fill in one) ○ beginning of trip ○ end of trip ○ does not matter

Who is your ACIS Tour Consultant? _____

Group Leader Information

○ Mr. ○ Ms. ○ Mrs. ○ Dr. ○ Br. ○ Sr. ○ Fr. ○ Rev. Gender: ○ M ○ F

Name Last (as it appears on passport) _____ First (as it appears on passport) _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone ___ - ___ - ____ Social Security # ___ - __ - ____

Fax ___ - ___ - ____ Birthdate __ - __ - ____ Age __

MM DD YYYY

Email _____

School name and address _____

City _____ State _____ Zip _____

School Telephone _____ Subject Taught _____

○ I have led a group overseas before with _____ (Company Name)

You are guaranteed accommodations in a single room if you have a group of 6 or more participants (5 or more if you are a first time Group Leader).

○ I (will) qualify for a free single room ○ I would like to pay a $40 per hotel night surcharge to guarantee a single room.

○ I am traveling with a companion and prefer to room in a ○ double room ○ twin room with: _____

Please be sure to enclose companion's application if not already enrolled.

○ I would like ACIS to book me from a DIFFERENT US departure city than that of my group: _____

Emergency Contact: In the US while overseas

Name _____ Phone ___ - ___ - ____

Group Information

Anticipated group size _____ Your group is made up of (fill in all that apply): ○ middle school students ○ high school students ○ college students ○ adults

Projected # of Participants _____ Projected # of Assistants _____

Signing and submitting this form acknowledges your acceptance of ACIS' Terms and Conditions as well as the group leader duties and responsibilities described in the *Group Leader Workbook* and the *ACIS Registration Booklet*. If you have not received these booklets, please request a copy from your tour consultant.

Group Leader Signature _____ Date _____