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# ACIS® 2010 Registration Form

Office Use Only

Please use blue or black ink, print in CAPITAL LETTERS and fill in circles completely (ex: ●). Do not staple anything to this form. Please return this form to: ACIS, 343 Congress Street, Suite 3100, Boston, MA 02210

## Program Selection:

Group Leader's Last Name [Grid]

Group # [Grid]

Departure Date MM/DD/YYYY [Grid]

Program Name \_\_\_\_\_

## Personal Information

Mr. Ms. Mrs. Dr. Br. Sr. Fr. Rev. Gender: M F Last Name (as it appears on passport) First Name (as it appears on passport) MI

[Grid for Name]

Address [Grid]

City State Zip Code [Grid]

Home Telephone Birthdate MM/DD/YYYY Age [Grid]

Participant Email [Grid]

## Emergency Contact: In the US while on tour

Name Telephone [Grid]

## Rooming and Additional Options: Please fill in all that apply.

- I am traveling with my spouse/partner/child and prefer to room in a double room twin room with:
I wish to room in a triple room with two family members: &
I am under 24 years old and wish to pay a surcharge to guarantee a twin room with an adult family member:
I am over 24 and wish to pay a surcharge for a single room (where available).
I will book my own round-trip transportation. I do not wish ACIS to book my air transportation. (I will meet the group at the first hotel.)
I would like to extend my stay after the trip. (A form will be sent to you about alternate returns. Western Europe Only.)
I would like ACIS to book me from a DIFFERENT US departure city than that of my group:

## Protection Plans: If undecided, please see page 5 or www.acis.com/studentsparents/insurance.cfm for more information.

- Yes, sign me up for the Ultimate Protection Plan (which includes upgraded Comprehensive Protection Plan coverage.)
Yes, sign me up for the Comprehensive Protection Plan.
No, I decline additional protection plan coverage beyond the included Basic Protection Plan at this time.

## Payment:

Initial payment: \$150 I have included a payment of: \$ [Grid] . [Grid] You must meet the payment deadline in the attached terms and conditions in order to avoid cancellation and/or late fees.

I have enclosed a check or money order payable to ACIS. I will pay by credit card by filling out the following information: Visa Mastercard

Card Number Exp. date MMY Security Code [Grid]

Last Name of cardholder [Grid]

First Name of cardholder [Grid]

## Signatures

I have read the attached 2010 ACIS Terms and Conditions and the ACIS Release and agree to be bound thereby, and agree to be responsible for all amounts owed ACIS. I am in good physical and mental health and am able to travel without special medical supervision or special counseling.

Signature of Registrant

Date

Signature of Cardholder

Date

All registrants under 21 years of age must have the following section completed: I am the parent/legal guardian of the above minor registrant. I have read the 2010 ACIS Terms and Conditions and the ACIS Release, and agree to be bound thereby, and agree to be responsible for all amounts owed ACIS by the minor and any other actions by the minor on the ACIS trip. I hereby consent to the above minor registrant's participation in all activities organized and/or provided by ACIS. I hereby assume all risks of loss and injury that may be incurred, directly or indirectly, as a result of any such participation and authorize ACIS to arrange for professional care/treatment in case of an emergency.

Signature of Parent or Guardian

Print Name

Date