41854

ACIS® Assistant 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.
Return this form to ACIS, 343 Congress Street, Suite 3100, Boston, MA 02210

Program Selection:

This form needs to be completed by all assistants traveling with the Group Leader and returned to ACIS as soon as possible, preferably with your group's first applications or as soon as you have decided upon an assistant. The latest it can be filed is 90 days before departure depending upon space availability. Within 90 days you will be charged $100 or additional airline fees, whichever is higher. (Photocopy this form as necessary.)

Group Leader's Last Name _____ Group # _____

Departure Date ____ / ____ / ____ (MM/DD/YYYY) Program Name _____

Assistant Information

○ Mr. ○ Ms. ○ Mrs. ○ Dr. ○ Fr. ○ Br. ○ Sr. ○ 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 __ - __ - ____ (MM DD YYYY) Age __

Email _____

School name and address _____

City _____ State _____ Zip _____

School Telephone _____ Subject Taught _____

Emergency Contact: In the US while overseas

Name _____ Phone ___ - ___ - ____

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

○ I am traveling with a companion and wish to room in a ○ double room ○ twin room with: _____
○ I wish to room in a triple room with two family members: _____ & _____
○ I would like to pay a $40 per hotel night surcharge to guarantee a single room.
○ I am under 24 years old and wish to room with one adult family member: _____
○ I am under 24 years old and will room with other students.
○ 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: _____
○ I have traveled overseas as a chaperone before with _____ (Company Name).

Signing and submitting this registration form acknowledges your acceptance of ACIS' Terms and Conditions as well as the assistant group leader duties and responsibilities described in the *Overseas Manual* and the *ACIS Registration Booklet*. If you have not already received these booklets, please request a copy from your tour consultant. Parents should sign if assistant is under age 21. **Assistant cancellations:** Please notify ACIS in writing as soon as possible. Assistants cancelling within 65 days of departure are subject to airline and hotel cancellation fees ($150 within 46-65 days of departure and $250 within 45 days of departure).

Assistant's Signature _____ Date _____
(or parental signature for assistants under age 21)