ACIS Registration Form

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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 _____ Group # _____

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

Participant Information:

Last Name (Print all of your information exactly as it appears on your passport and/or birth certificate.)

First Name _____ Middle Name _____

Address

City _____ State _____ Zip _____

Mobile Telephone ___ - ___ - ____ Date of Birth MM/DD/YYYY __ / __ / ____ Sex: ○ M ○ F

Participant Email

Billing/Permissions Contact Info: Required for participants under 21 years of age.

Parent/Guardian First and Last Name _____ Mobile Telephone ___ - ___ - ____

Email

Emergency Contact Info: Required for all participants.

First and Last Name (of someone not traveling with you) _____ Relationship _____

Home Telephone ___ - ___ - ____ Mobile Telephone ___ - ___ - ____

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

(Both participants must pay a surcharge to guarantee a twin or double room)

○ I would like to pay for a rooming upgrade: ○ double ○ twin ○ single with: _____

○ I will book my own round-trip 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.)

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

Protection Plans: Please see page 5 or www.acis.com/studentsparents/insurance for more information.

○ Sign me up for the Ultimate Protection Plan (our most enhanced health, baggage and cancellation coverage).

○ Sign me up for the Comprehensive Protection Plan (our enhanced health, baggage and cancellation coverage).

○ I decline additional coverage at this time.

(If no selection is made, coverage defaults to the Comprehensive Protection Plan)

Payment: Please pay via check or money order made payable to ACIS.

Minimum Payment: $200 if registering before Sept 1 or $495 if registering Sept 1 onwards.

Amount Enclosed $ ____ . __

Select your preferred Payment Plan (See page 6 for full details):

○ **Automatic –** Pay in monthly installments up to 45 days pre-departure, deducted from the attached checking account.

○ **Manual –** Pay a deposit now, with a total of $495 due within 30 days. Full balance due 90+ days pre-departure. Late fees apply.

Signatures

I have read the attached 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 _____

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 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 _____