ACIS USA/Canada Registration Form

Office Use Only

4239

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, 330 Congress Street, Suite 5, 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 names exactly as they appear 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. **Standard rooming is quad occupancy for travelers age 21 and under.**

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

○ I will book my own round-trip 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.)

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

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

Protection Plans: Please see page 4 or **www.acis.com/travel-protection** for more information.

○ 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.

Amount Enclosed $.

Select your preferred Payment Plan: **(If no selection is made, payment plan defaults to Automatic Payments)**

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

○ **Manual –** Pay a $200 deposit now, with another $200 due within 30 days. Full balance due 60 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