



28132

# ACIS 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, 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 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/YYYYSex: ☐ 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](http://www.acis.com/studentsparents/insurance) for more information.

- ☐ I select the Ultimate-Plus Protection Plan (with extra health protection and full cancel-for-any-reason coverage)
- ☐ I select the Ultimate Protection Plan (with extra health protection and limited cancel-for-any-reason coverage)
- ☐ I decline additional coverage at this time.

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

Minimum Payment: \$200, or \$500 if registering within 180 days of departure.

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 \$500 due within 180 days of departure. Full balance due 130 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