ACIS Registration Form

Office Use Only

10748

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

Personal Information

Last Name (Print all of your names exactly as they appear on your passport.)

First Name

Middle Name

Address

City

State

Zip

Home Telephone

Date of Birth MM/DD/YYYY

Gender: ○ M ○ F

Participant Email

Parent/Other Email

Parent/Emergency Contact Info: Required for all participants.

Name

Telephone

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

○ I am traveling with a family member and prefer to room in a ○ double ○ twin ○ triple

with: _____ and _____ (Both participants must pay a surcharge to guarantee a twin or double room)

○ I am over 24 and wish to pay a surcharge for a single room (where available).

○ 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)

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 CIS 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