



Academic Arrangements Abroad

Personal Information Form

Please print clearly (one form for each participant)

TRIP NAME: _____

DEPARTURE DATE: _____

NAME:

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

Full name as it appears in passport: _____

Preferred name: _____

If you prefer to be listed in a different way, please indicate here (i.e., Bob instead of Robert, Betty instead of Elizabeth):
Your first and last names will appear on **both** the participant list **and your nametag**.

PRIMARY ADDRESS: _____

Phone: Home: _____ Office: _____

Cell: _____ Fax: _____

Preferred Daytime Phone: Home Office Cell E-mail: _____

SECONDARY ADDRESS: _____

If applicable

Secondary Address Telephone: _____ Home Office Cell

Dates to be contacted at this address: _____

PASSPORT INFORMATION:

Passport Number: _____

Place of Issue: _____

Date of Birth: _____
month - day - year

Place of Birth: _____
city state/country

Date Issued: _____
month - day - year

Date of Expiration: _____
month - day - year

Occupation: _____
(Former occupation if retired)

Citizenship: _____

Special anniversaries, birthdays or other occasions for celebration during this program:

HOTEL ACCOMMODATIONS:

Please circle your preferences

One Bed *or* Two Beds

Smoking *or* Non-Smoking

Please return to: **Academic Arrangements Abroad**, 1040 Avenue of the Americas, New York, NY 10018-3721
Or FAX to (212) 344-7493. If you have questions, please contact us at (212) 514-8921 or (800) 221-1944.

MEDICAL/PHYSICAL INFORMATION:

Dietary restrictions: _____

Allergies* (medications, foods, bee stings, etc.): _____

**Please be aware that we cannot guarantee that foods served will not contain ingredients to which you may be allergic. Participants with allergies must maintain the same vigilance that they would at home for their own health and safety.*

Medical and/or physical restrictions/needs: _____

Names of medications that you will or may be taking during the tri p: _____

Is there any physical/medical issue that might prevent you from fully participating in this program? Yes or No

Do you have ANY restrictions to your mobility? Yes or No

If 'Yes:'

Do you plan to request a wheelchair at airports? Yes or No

(If Arrangements Abroad is coordinating your air, please check the Wheelchair Assistance box on the Flight Request Form)

Do you need assistance walking more than 1/2 mile? Yes or No

Do you have difficulty with stairs or uneven surfaces? Yes or No

Do you need assistance when boarding buses, vessels etc.? Yes or No

Is someone accompanying you to assist you? Yes or No

If "Yes," please give his/her name: _____

Would you like to discuss the physical requirements of this trip in more detail? Yes or No

Have you purchased trip insurance? Yes or No

If yes, which provider: _____

EMERGENCY INFORMATION:

Please name two individuals NOT traveling with you who will assume responsibility for you in case of an emergency.

Name (1): _____ Relationship: _____

Address: _____

Telephone: Home/Cell: _____ Office: _____

Name (2): _____ Relationship: _____

Address: _____

Telephone: Home/Cell: _____ Office: _____

IMPORTANT MAILING INFORMATION:

Please note: Approximately one month prior to departure, we will send a final mailing that includes an updated itinerary, your air tickets and other important documents. This package is sent via FedEx, which will not deliver to a PO Box. If your primary address is a PO Box, or if you will be at a different address at that time, please provide us with a street address, which we will use to ship your final mailing.

Street Address: _____

Telephone: _____ Dates that you will be at this address: _____