



(800) 727-2437

American Institute For Foreign Study® 2009 Site Reviews

Instructions:

1. Please type or print in black ink
2. Except when full funding is requested (affiliates only), provide proper payment information in Section E. Make checks payable to the American Institute For Foreign Study®.
3. If your mailing address contains a PO Box or Route box number, please be sure to give an alternate shipping address.

Part A – Personal

Name _____ Male Female Citizen of U.S. other _____
as appears on passport

Title _____ Passport No. _____

Campus address _____

Address for UPS deliveries (if different from above) _____

Phone (____) _____ Fax (____) _____ E-mail _____

Part B – Registration

Program for which you are registering:

Summer 2009

Cusco, Peru

Dates

July 23 - 28

Cost

Land \$795
Air from NYC - \$1,200 est.

Deadline

Space Available Basis

Fall 2009

Prague, Czech Republic &
Salzburg, Austria

Dates

November 14 - 21

Cost

Land \$1,095
Air From NYC - \$550 est.

Deadline

October 1, 2009

Granada & Salamanca, Spain

November 28 - December 5

Land \$1,095
Air from NYC - \$600 est.

October 1, 2009

Other departure cities available upon request. Actual air costs will be determined at time of registration.

Preferred departure city: _____

Part C – Health

Please complete this questionnaire carefully. Requests are taken into consideration. **Note: The Peru site visit involves several days at very high altitudes. Participants are advised to consult a physician to determine physical eligibility.**

Are you receiving any special medical treatment? yes no

If yes, specify _____

Do you have any physical condition which prevents you from climbing stairs? yes no

If yes, specify _____

Please indicate any dietary restrictions _____

Emergency contact while abroad _____ Emergency phone (____) _____

Address _____ Relationship _____

(continued)

Part D – Request for AIFS Funding – Affiliates Only

I am requesting funding for this site visit to cover:

- Land portion only
- Air only
- Air and Land portions (full funding)
- I, or my institution, will provide full funding for my participation in the site visit.
- Other (please explain _____)

If you are requesting any AIFS funding for your site visit, please complete the following items on a separate page.

- 1) Describe your interest in the particular site visit for which you are requesting funding.
- 2) Describe how the AIFS program(s) to be visited fit within your institution's curriculum and international education objectives.

Part E – Payment

Except when full funding is requested (affiliates only), registration and deposit of \$200, payable to AIFS, is required to hold a reservation. Send to: College Division, American Institute For Foreign Study, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788. The balance, payable to AIFS, is due three weeks before departure.

- My check/money order is enclosed payable to the American Institute For Foreign Study®.
- Bill my credit card \$200. Bill my credit card for the entire program cost.

If charging to your credit card, please supply this information:

Check one: Visa MasterCard American Express

Credit card number _____ Expiration ____/____/____

Signature _____ Phone (____) _____ Amount to be charged \$ _____

Cardholder's address _____

Name on card (if different from yours) _____



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