

## IMPS "GOWest 2008" Trip Registration Form

Name: (Mr. Ms. Dr.) \_\_\_\_\_ Male/Female: \_\_\_\_\_

(circle the proper title) (circle the name you would like to be called)

Local Address \_\_\_\_\_ Office/Lab Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office/Lab Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Are you: (check one) \_\_\_\_\_ Visiting Scholar \_\_\_\_\_ Grad Student (For PhD? \_\_\_Y/\_\_\_N)

\_\_\_\_\_ Intensive English \_\_\_\_\_ Undergrad Student

University Affiliation: \_\_\_\_\_

Major/Field of Specialization: \_\_\_\_\_ Home Country: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

List any medical issues, foods you do not eat, special needs or other items of concern:

\_\_\_\_\_

Please read and sign:

In consideration for being allowed to participate in this activity, I personally assume full responsibility for my actions (and of my accompanying family members), and release the staff and agents of PRISM, International Ministries at Penn State, *Above&Beyond* Ministries, and associated organizations from responsibility for any loss, injury, or damage to myself, my family or my property, provided such persons shall act with reasonable care for the safety of me, my family and my property. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through Christian Conciliation Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_ (\$750, or \$200 as minimum deposit) X \_\_\_\_\_ # people = \$ \_\_\_\_\_

(This includes payment for \_\_\_\_\_ children, ages 5-12, at \$650/child.)

Full payment is \$750 if deposit is paid before April 30; \$775 is full payment after April 30. Total payment is due by May 9.

List any additional family members coming with student/scholar:

(Mr. Mrs. Miss) name \_\_\_\_\_ relationship: \_\_\_\_\_ age: \_\_\_\_\_

(Mr. Mrs. Miss) name \_\_\_\_\_ relationship: \_\_\_\_\_ age: \_\_\_\_\_