ACIS® 2009 Registration Form

Office Use Only

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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

○ Mr. ○ Ms. ○ Mrs. ○ Dr. ○ Br. ○ Sr. ○ Fr. ○ Rev. Gender: ○ M ○ F

Last Name (as it appears on passport) First Name (as it appears on passport) MI

Address

City State Zip Code

Home Telephone Birthdate MM/DD/YYYY ___/___/___ Age

Participant Email

Emergency Contact: In the US while on tour

Name Telephone

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

○ I am traveling with my spouse/partner and prefer to room in a ○ double room ○ twin room with: _____
○ I wish to room in a triple room with two family members: _____ & _____
○ I am under 24 years old and wish to pay a surcharge to guarantee a twin room with an adult family member: _____
○ I am over 24 and wish to pay a surcharge for a single room (where available).
○ I will book my own round-trip transportation. I do not wish ACIS to book my 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. Western Europe Only.)
○ I would like ACIS to book me from a DIFFERENT departure city than that of my group: _____

Protection Plans: If undecided, please see page 5 for more information.

○ Yes, sign me up for the Ultimate Protection Plan (which includes upgraded Comprehensive Protection Plan coverage.)
○ Yes, sign me up for the Comprehensive Protection Plan.
○ No, I decline additional protection plan coverage beyond the included Basic Protection Plan at this time.

Payment:

Initial payment: $95

I have included a payment of: $ ____.____

You must meet the payment deadline in the attached terms and conditions in order to avoid cancellation.

○ I have enclosed a check or money order payable to ACIS.

○ I will pay by credit card by filling out the following information:

Card Number Exp. date MMYY ○ Visa ○ Mastercard

Last Name of cardholder First Name of cardholder

Signatures

I have read the attached 2009 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 Signature of Cardholder 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 2009 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

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