



Registration Form

Today's Date: _____

Name: _____

Title: _____

Organization: _____

Mobile Phone No: _____

e-mail: _____

Assistant's Name: _____

Assistant's Phone: _____

Assistant's e-mail: _____

Your name as it appears on passport: _____

Passport Number: _____ Exp. Date: _____

Emergency Contact (Name and Phone): _____

Medical Information

Please answer the following questions keeping in mind that they are designed to give us information we will need if you require healthcare.

Do you have health insurance? _____

Does it offer coverage abroad? _____

Name of health insurance carrier _____

Policy number _____

To the degree that you are comfortable, please indicate any aspect of your health that may affect you during this trip (back pain, diabetes, allergies, epilepsy, etc.) Explain what medications and treatment are necessary and describe any allergic reactions or other side effects to medication.

Do you have any special dietary needs? If so, specify.

Our sustainability delegations require some degree of physical exercise, including but not limited to fast-pace walking and bicycling. If you are not comfortable, we will try to make other arrangements for you. By participating in this professional research mission you release all liability from i-SUSTAIN for injuries or other damages that arise from your participation in this professional research mission.

I have answered the above questions to the best of my knowledge and have not withheld any relevant information.

Signature_____Date_____Impor
tant Travel Insurance Information

i-SUSTAIN recommends that our participants purchase travel insurance to protect themselves against financial loss in the case of cancellation or interruption of the trip, medical or personal emergencies or other unforeseen events.

To compare travel insurance policies and providers go to <http://www.quotewright.com> or www.squaremouth.com

I agree hereby that i-SUSTAIN has provided me with information and advice to acquire travel insurance.

Signature_____Date_____