STUDY ABROAD IN PERU
May 16-25, 2016

$3,550*+ plus tuition and fees ($996.60 for PA residents)

_____ SHLD520 Communication Disorders Across Cultures

$3,550*+ for travel ONLY (based on triple/quad room occupancy)
*Additional day in Cusco to visit and interact with students at the Camino Nuevo School--$300-$415
(depending on number of travelers who commit to the trip)

Prices are subject to change without notice due to changes in travel/tuition costs
+$200 Back-to-School Discount if enrolled before September 30, 2015

P LEASE LIST YOUR NAME AS IT APPEARS ON YOU R PASSPORT.

Full Name: ____________________________________________ Date: ________________

Last                      First                       M.I.

Student ID #: @_________ / / Passport #: ______________________________________

Date of Birth

(Required for travel to Peru)

Local Address:__________________________________________ Street Address

Apartment/Unit #

City                      State                    ZIP Code

Local Phone: ( ) Cell Phone: ( ) Home Phone: ( )

Major: ___________________________________________ E-mail: ________________________

Number of Credits Earned: ___________________________ QPA: ________________________

Once you are accepted into the program, you will be provided with the link to Education First (EF) College Study Tours. You must create an account and make a deposit to secure your place in this program. The deposit will be applied to the cost of the program and is non-refundable. If you are enrolling in SHLD520 Communication Disorders Across Cultures concurrently with the trip, Edinboro University will bill you for tuition and fees at Summer 2016 rates. For individuals over the age of 30 years or who desire an upgrade to a double occupancy room, there is an additional charge of $240.

Your registration serves as your financial commitment to Education First (EF) College Study Tours.

Your financial obligations are as follows:

- I understand that my deposit to EF is non-refundable. Further, if I cancel my participation, I could be assessed an additional fee incurred at the time of cancellation (see below).
- I understand that tuition and fees will be billed separately for the course.

If I need to withdraw from the program before departure, I can expect the following:

- 150 days or more prior to departure--full refund less the $95 non-refundable deposit, all non-refundable fees, and a $300 cancellation fee
- 149 to 95 days prior to departure--full refund less the $95 non-refundable deposit, all non-refundable fees, and a $500 cancellation fee
- 94 to 30 days prior to departure--full refund less the $95 non-refundable deposit, all non-refundable fees, and 50% of the program price
- 29 days or less prior to departure--no refund will be issued.

I have read and fully understand my financial obligations.

Signature: ___________________________ Date: ___________________________

—COMPLETE OTHER SIDE—
EMERGENCY AND MEDICAL INFORMATION

The following information will not be used to determine admission. It will be used to assist on-site personnel if you have a health emergency.

IN CASE OF AN EMERGENCY, CONTACT:

Use the spaces below to record the name, telephone number, type of connection (Work, Home, Cell, Pager) and what type of relationship each contact person holds to you.

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Telephone Number</th>
<th>Type</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
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You can use the area below to list any medical information (medications, implants, allergies, etc.) you feel emergency medical personnel needs to know before attempting to provide you aid. List the exact name (be careful to accurately copy spelling!) and dosage of each medication.

IN SURANCE INFORMATION

Medical Insurance Carrier Name: ____________________________________________
Policy #: _____________________________________________________________
Group #: _____________________________________________________________
ID #: _________________________________________________________________

WE ADVISE YOU TO DISCUSS YOUR MEDICAL COVERAGE WHILE STUDYING ABROAD WITH YOUR HEALTHCARE PROVIDER.

Physician’s Name: ____________________________________________
Address: __________________________________________________________
Street Address __________________________________ Favorite City ____________________________________________
Apartment/Unit # ____________________________________________
State ______ ZIP Code ______
Phone: ( ______ ) ______

Based on the information provided in this application,
☐ I approve this applicant for the 2016 Above and Beyond Lake Titicaca Service Adventure to Peru
☐ I do not approve this applicant for the 2016 Above and Beyond Lake Titicaca Service Learning Adventure to Peru

Charlotte J. Molrine, PhD, EF Study College Tour Group Leader ________________________________ Date ________________________________

You have been accepted for the 2016 Above and Beyond Lake Titicaca Service Adventure to Peru. Please log on to http://www.efcollegestudytours.com/professors-trip/1652642FB and follow the links to enroll in the program and make your deposit. Payment options and methods are available and explained on enrollment tabs.