STUDY ABROAD IN POLAND
May 11 - May 22, 2016

_____ **PLSH100: Introduction to Polish Culture** - 3 credit hours
$2,300 plus tuition & fees

_____ **$2,600 Travel Only**
Prices are subject to change without notice due to changes in travel costs

### Please list your name as it appears on your passport

Full Name:_________ ________ ________ Date: __________
Last First M.I.

Student ID #: ____________ ____________ Passport #: ________
Date of Birth (Required for travel to Poland)

Local Address:_________ ________ ________ ____________
Street Address ____________ Apartment/Unit #
City ____________ State ZIP Code

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

Major: __________________________ E-mail: __________________________

Number of Credits Earned: ________ QPA: __________________________

A $300 deposit is required to secure your place in this program. The deposit will be applied to the cost of the program and is non-refundable. Payment can be by check or money order made payable to Edinboro University, or by credit card. If you need to use a credit card, please contact the International Student Services Office for assistance.

Your registration also serves as your financial commitment to Edinboro University of Pennsylvania.

Your financial obligations are as follows:

- I understand that my $300 deposit is non-refundable.
- If I cancel my participation, I will be liable for any non-refundable purchases made on my behalf; examples include, but are not limited to, airline tickets and accommodation reservations.
- I will be obligated to pay $1,100 of the program fee by Monday, February 1, 2016.
- I will be obligated to pay the balance of the program fee by Friday, April 1, 2016.
- If Edinboro University of Pennsylvania cancels the program, my $300 deposit will be refunded.
- I understand that tuition and fees will be billed separately for PLSH100.

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>
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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.

________________________________________
________________________________________
________________________________________
________________________________________

INSURANCE 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: __________________________________________
Phone: (___) _____________
Address: ____________________________
Street Address ________________________
Apartment/Unit # ______________________
City ____________________________
State __________ ZIP Code ___________

Revenue and expense will be reviewed at the completion of the program. Participants may receive a refund or be assessed additional fees based on that review.