AFRICAN CONSERVATION FIELD EXPERIENCE  
MAY 18 - JUNE 9, 2016

$3,450 BIOL597 Special Topics in Biology: African Conservation Experience (during Spring 2016)

$3,650 Field Experience without academic credit

The cost includes all accommodations, all meals, all transfers in South Africa and excursions.

Additional costs for all participants: Round trip airfare, insurance, passport and vaccinations

Prices are subject to change without notice

PLEASE LIST YOUR NAME AS IT APPEARS ON YOUR PASSPORT

Student Name: ____________________________________________________________________________

Last First M.I. Date: ____________________________

ID # @ ___________________________________________ / / Passport # ______________________________

Date of Birth (Required for Travel to South Africa)

Local Address: ____________________________________________________________________________

Street Address ___________________________________________ Apartment/Unit # ____________

City ___________________________ State ___________ ZIP code ___________

Local Phone: (___) ___________________________ Cell Phone: (___) ___________________________ Home Phone: (___) ___________________________

Major: __________________________________ _______ E-Mail: ________________________________

Number of Credits Earned: ___________________________ GPA: ____________________________

A $500 deposit of the program cost 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. 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.

Your financial obligations are as follows:

- I understand that my $500 deposit is non-refundable.
- I will be obligated to pay balance due in full by Friday, March 11, 2016
- If Edinboro University cancels the program, my $500 deposit will be refunded.

I have read and fully understand my financial obligations.

Signature: ___________________________ Date: ___________________________

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

- 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>
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<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.

________________________________________________________________________
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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: ________________________________
Address: _______________________________________
Phone: (___) __________________
Street Address

Apartment/Unit #
City __________________________ State __________ ZIP Code __________________________

wc
2/20/2015