

# THE GALAPAGOS ISLANDS & ECUADOR

June 11-21, 2018

The Go Ahead travel program cost is \$3,949 (w/o airfare). Please return form to Continuing Education, 312 Reeder Hall, Edinboro University, Edinboro, PA 16444.

The Go Ahead Program cost is determined by Go Head Tours. Prices are subject to change during the registration period due to rising travel/tuition costs.

PLEASE LIST YOUR NAME AS IT APPEARS ON YOUR PASSPORT.

Full Name: \_\_\_\_\_ Gender: Male  Female   
Last First M.I.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth Passport #: \_\_\_\_\_  
(Required for travel to the Galapagos & Ecuador.)

Local Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Once you are accepted into the program, you will be provided with the link to Go Ahead/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.

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

Your financial obligations are as follows:

- I understand that my deposit to Go Ahead is non-refundable. Further, if I cancel my participation, I could be assessed an additional fee incurred at the time of cancellation (see below).

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.

Contact Person	Telephone Number	Type	Relationship

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: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
  *Street Address*   *Apartment/Unit #*  
  \_\_\_\_\_   \_\_\_\_\_  
  *City*   *State*   *ZIP Code*

- Based on the information provided in this application,  
 I approve this applicant for the 2018 Galapagos Islands & Ecuador Go Ahead Travel Tour  
 I do not approve this applicant for the 2018 Galapagos Islands & Ecuador Go Ahead Travel Tour

\_\_\_\_\_ Dr. Char Molrine

\_\_\_\_\_ Date