

INTERNATIONAL OUTREACH EDUCATIONAL CENTER IOEC
PROXIMITYCUBA

Participant Registration Form

To reserve your space in a program, please complete the following registration form. Required information is needed to secure your tickets and visa, and to be sure we meet your program expectations. We cannot process incomplete applications, so be sure all necessary information has been provided. Your non-refundable deposit is due four months prior to departure, and full payment is due 6 weeks prior to departure (please refer to program cost for exact dates). Payments can be sent to **PO BOX 143912, Coral Gables, Florida 33114-3912**. If you have any questions regarding registration or payment, please email us at contact@proximitycuba.com

Program name (*)

Program Date (*)

Name (as it appears on your passport)

Street Address:

City (*)

State (*)

Zip (*)

Primary Phone (*)

Work Phone:

Alternate Phone:

Email Address (*)

Alternate Email:

Facebook / Website:

Major / Occupation (*)

School / Employer (*)

Ethnicity (optional)

Passport Information:

I am a citizen of (*)

Passport Number (*)

Expiration Date (*)

Date of Birth (*)

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Gender (*)

Place of Birth (*)

Person to contact in case of emergency (*)

Phone Number (*)

Relationship (*)

Rate your Spanish language ability (*)

___None ___Basic ___Conversational ___Fluent

Accommodations:

Assign me a roommate:

I prefer a single room at the additional cost?

Yes ___ No___

I am a Non-Smoke _____ am a Smoker _____

What relevant travel experiences have you had?

List any special dietary needs, medical conditions, or disabilities that may affect your participation in this program

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Briefly describe your expectation for this program

Name:

Phone Number:

Address:

Date of Birth:

Date:

SIGNATURE. I certify that the above information is true
and correct.
