



American Institute For Foreign Study® 2011-2012 PROGRAM SITE REVIEWS

INSTRUCTIONS:

1. Please type or print in black ink
2. Except when full funding is requested (affiliates only), provide proper payment information in Section E. Make checks payable to the American Institute For Foreign Study®.
3. If your mailing address contains a PO Box or Route box number, please be sure to give an alternate shipping address.

River Plaza
9 West Broad Street
Stamford, CT 06902-3788
800.727.2437
www.aifsabroad.com

PART A – PERSONAL

Name _____ Male Female Citizen of U.S. other _____
as appears on passport

Title _____ Passport No. _____

Institution _____ Date of Birth _____ / _____ / _____
Month Day Year

Campus address _____

Address for UPS deliveries (if different from above) _____

Phone (____) _____ Fax (____) _____ E-mail _____

Cell (____) _____ Service outside the U.S.? yes no

PART B – REGISTRATION

Program for which you are registering:

FALL 2011

Prague, Czech Republic and
St. Petersburg, Russia

DATES

October 15 - 23

COST

\$1,895 + air

DEADLINE

August 15

Granada and Salamanca, Spain

November 26 - December 3

\$1,095 + air

September 15

SPRING 2012

Cannes, Grenoble and Paris, France March 3 – 11

\$1,895 + air

December 20

Actual air costs will be determined at time of registration.

Preferred departure city: _____

PART C – HEALTH

Please complete this questionnaire carefully. Requests are taken into consideration.

Are you receiving any special medical treatment? yes no

If yes, specify _____

Do you have any physical condition which prevents you from climbing stairs? yes no

If yes, specify _____

Please indicate any dietary restrictions _____

Emergency contact while abroad _____ Emergency phone (____) _____

Address _____ Relationship _____

PART D – REQUEST FOR AIFS FUNDING – AFFILIATES ONLY

I am requesting funding for this site visit to cover:

- Land portion only
- Air only
- Air and Land portions (full funding)
- I, or my institution, will provide full funding for my participation in the site visit.
- Other please explain: _____

If you are requesting any AIFS funding for your site visit, please complete the following items on a separate page. As a condition of your funding from AIFS, you agree to submit a written evaluation of the program(s) visited within one month of the completion of the site visit.

1. Describe your interest in the particular site visit for which you are requesting funding.
2. Describe how the AIFS program(s) to be visited fit within your institution's curriculum and international education objectives.

PART E – PAYMENT

Except when full funding is requested (affiliates only), registration and deposit of \$200, payable to AIFS, is required to hold a reservation. Send to: College Division, American Institute For Foreign Study, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788. The balance, payable to AIFS, is due three weeks before departure.

- My check/money order is enclosed payable to the American Institute For Foreign Study®.
- Bill my credit card \$200.
- Bill my credit card for the entire program cost.

If charging to your credit card, please supply this information:

Check one: Visa MasterCard American Express

Credit card number _____ Expiration ____/____/____

Signature _____ Phone (____) _____

Amount to be charged \$ _____

Cardholder's address _____

Name on card (if different from yours) _____

