Study Abroad in Belize June 10-23, 2019

Full Name:		Student ID: @	
Gender: Male Female	Date of Birth	<u> </u>	rt is required for travel to Belize)
Mailing Address: _			
		Street Address	
_	City	State	
Cell Phone:		Email:	
Affiliation with EU	J: Student Faculty/Staff	Alumni Other]
\$2,40	ogical Field Methods or Scientific 65 (if enrolled in course) or \$2,715 (trave ology Concentration	L1	
\$2,7	15 (if enrolled in course) or \$2,965 (trave	el only)	
	ANTH 373: Archaeology Field St ART 372: Scientific Illustration (3 Travel Only		
A \$350 non-refund	able deposit is required to secure	your place in this program.	. A deposit of \$100 will be paid
to Edinboro Univer Program to secure	rsity and applied to the programmi your place in the field school. If your Edinboro University will bill you	ing cost. A \$250 deposit wou are enrolling in ANTH	ill be paid to the Maya Research 373 or ANTH 372 concurrently
	also serves as your financial cor		
	ligations are as follows:		•
• I understand any non-refu	that my \$350 deposit is non-refunda undable purchases made on my behal tion reservations.	=	
	l my financial obligation to Edinboro Maya Research Program.	University is \$765 (\$865 - \$	100 deposit). The balance is my
I will be obliField	igated to pay the balance of the progr igated to pay the balance of the field of d Methods/Scientific Illustration: \$1, archeology Concentration: \$1,600 (if	school cost to the Maya Rese 350 (if enrolled in course) or	arch Program by May 1, 2019. \$1,600 (travel only)
v	University cancels the program, my \$	•	
	that tuition and fees will be billed se		
	l expenses will be reviewed at the con litional fees based on that review.	npletion of the program. Pari	ticipants may receive a refund or be
I have read and fu	ılly understand my financial obl	igations.	
Signature:		Date:	

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.

Emergency Contacts

Use the spaces below to record the name, telephone number, type of number (work, home, cell) and relationship of your emergency contact. Please provide emergency contacts who will be located in the United States during the duration of the program.

Name	Telephone Number	Type	Relationship

Medical Information

Please use the space below to list any medical conditions you feel emergency personnel need to know before attempting to provide you aid. Also include any medications and dosages that you feel need to be known as well.

Medical Conditions (i.e. allergies)				
Medications				
Name of Medication	Dosage			

Health Insurance

Supplemental insurance is required for this program. You will purchase the International Student Identity Card (ISIC) Basic Plan for \$25+ shipping. Instructions on how to purchase will be provided at a later date.

To Enroll

This form must be completed and returned to Dr. Lenore Barbian, Hendricks 141 or Professor Michelle Vitali, Hamilton 202.