



Center for Middle Eastern Studies

Bosnia-Herzegovina: Crossroads of History and Culture Fall 2018 – Registration Form

Name:

Home address:

City:

State:

Zip Code:

Home phone:

Cell phone:

Preferred email address:

Date of birth:

Nationality on your passport:

Gender:

Will you be traveling alone? _____yes, _____no

Will you be sharing a room with another person? _____yes, _____no

If so, with whom? _____

Will you be participating in the optional day trip to Srebrenica? ___yes, ___no

Have you traveled abroad before? _____yes, _____no

Do you have a medical condition or take special medication? _____yes, _____no

If so, explain: _____

Do you have any special dietary needs/requirements? _____ yes, _____ no

If so, explain: _____

Do you require any special accommodations during the trip? _____yes, _____no

If so, explain: _____

What parts of the proposed program do you find most interesting? Least interesting? Do you have any suggestions of what you would like to see/do in your free time or as a group?

I hereby certify that all information I have provided in this registration form is true and accurate.

Registrant signature

date