



# Center for Middle Eastern Studies

## Morocco Trip

### Spring 2020 – 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? \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_

**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

Send this registration form to Lisa Adeli: **Adeli@email.arizona.edu**