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ORGANIZING TEACHER REGISTRATION FORM FRANCE 2011

*Complete and return with your student registrations.
 Use legal name as it will appear on your passport.*

LAST NAME FIRST NAME M.I.

HOME ADDRESS

CITY STATE ZIP CODE
 BIRTH DATE: _____ MALE or FEMALE? _____ COUNTRY OF CITIZENSHIP _____

() ()
 HOME PHONE CELL PHONE HOME EMAIL

SCHOOL NAME

SCHOOL ADDRESS

CITY STATE ZIP
 () ()

SCHOOL PHONE EXT. SCHOOL FAX How do you prefer to be contacted?

- Phone
- Email

SCHOOL EMAIL

ROOMING REQUEST:

Teachers will normally share a double room with another teacher from their combined group of schools.

- I wish to room with my second chaperon, _____.
- I wish to room with my spouse, _____, who is also traveling with our group.
- I do not have a second chaperon and wish to room with another teacher from my combined group.
- I wish to have a single room and I understand I must pay a substantial charge for my single room as indicated below

SINGLE ROOM SURCHARGE:

10 Day Program: \$300 15 Day Program: \$500 22 Day Program: \$800

Special meals you require for your flights: _____

MEDICAL: (Note allergies, medication, past history or specific instructions in case of emergency)

Teacher Signature: _____ **Date:** _____

EMERGENCY CONTACT:

Name: _____ **Relationship:** _____

Phone: _____