

Med-Aid ARMENIA June 19-29, 2023 **Registration Form**



First Name	Middle Name	Last Name	Last Name			Citizenship	
Passport Number Passport		Passport Expiration Da	Expiration Date		Passport Country of Issue		
What is your profession? Specialty/Skills?							
What is your knowledge of the Armenian Language? None B			Basic Passab	able Fluent			
Do you speak and/or understand any other foreign language? Yes No If so, what language?							
Have you ever been to Armenia? Yes No If so, when?							
Contact Information							
Street Address			City		State Zip	State Zip	
Telephone Number Mobile Number		mber	Email Address		Do you use Facebook?		
Accomodations							
Single Occupancy	Double Occ	cupancy	nily Occupancy	Numbe	r of People	On my own	
Alternate/Emergency Contact Person							
First and Last Name Relationship			Phone Number Email Address				
Additional Information Do you have any health problems or allergies we should know about or that would preclude you from certain activities? If so, please describe.							
bo you have any health problems of allergies we should know about of that would preclude you from certain activities: If so, please describe.							
Are you currently taking any medicine we should be aware of? If so, who			at?			Are you a vegetarian?	
Payment Information Additional Information							
\$750 per person for all in-country expenses including, most food, transportation and tours. This does not include lodging and flights. Must be paid by check, credit card, online or money order payable to The Paros Foundation, 2217 5th St., Berkeley, CA 94710. Upon receipt of your completed registration and payment, we will contact you to confirm your participation. If you have any questions about Med-Aid ARMENIA, please contact us at (310) 400-9061 or via email at info@parosfoundation.org. Cancellations May 15, 2023 are subject to a cancellation fee. By signing this registration form, participants and their families agree to hold harmless The Paros Foundation, its staff and agents, and any program associated with it, against any incident that may arise during the time the participant is part of the Med-Aid ARMENIA. Participant will be financially responsible for any loss due to theft or damage to property as a result of their activities while on the Med-Aid ARMENIA trip.							
Signatures and Date							
Participant's Name Signature					Date		

Application deadline is **March 31, 2023.**Please send your completed registration and payment as soon as possible.

Please return registration form, passport copies, airline itineraries, proof of vaccine and required fee to: The Paros Foundation, 2217 5th St., Berkeley, CA 94710.

For more info please contact: info@parosfoundation.org