

Med-Aid ARMENIA June 23 - July 5, 2024 Registration Form



First Name	Middle Name		Last Name		1		Birth Date		Citizenship		
Passport Number	Passport			Expiration Date			Passport C	sue			
What is your profession? Specialty/Skills?											
What is your knowledge of the Armenian Language? None Basic						asic Passable Fluent					
Do you speak and/or under	ign language? Yes No If so, what language					?					
Have you ever been to Armenia? Yes No If so, when?											
Contact Information											
Street Address	Cit			City			State Zip				
Telephone Number	Mobile Nu	mber		Email Address				Do you use Facebook?			
Accomodations											
Single Occupancy	upancy Double Occupancy			nily Occupancy Numbe			Number	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.											
Are you currently taking any medicine we should be awar			e of? If so, what?						Are you a vegetarian?		
Payment Information Additional Information											
\$1,100 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 participa- tion. 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, 2024 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			Signature	Date							
Application deadline is April 29, 2024. Please send your completed registration and payment as soon as possible. Please return registration form, passport copies, airline itineraries and required fee to:											

The Paros Foundation, 2217 5th St., Berkeley, CA 94710. For more info please contact: **info@parosfoundation.org**