

## **Med-Aid ARMENIA** June 21 - July 3, 2025 Registration Form



First Name	Middle Name		Last Name			Birth Date			Citizenship	
Passport Number	r Passport		xpiration Date				Passport Co	Je		
What is your profession?     Specialty/Skills?										
What is your knowledge of the	None Basic Passable				Fluent					
Do you speak and/or understand any other foreign language?										
Have you ever been to Armenia? Yes No If so, when?							Scrub top size:			
Contact Information										
Street Address	City				State Zip					
Telephone Number	mber		Email Address				Do you use Facebook, Instagram?			
Accomodations										
Single Occupancy	Fam	Family Occupancy			Number of People On my own		On my own			
Alternate/Emergency Contact Person										
First and Last Name Rela			nip	Phon	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 aware of? If so, what?									Are you a vegetarian?	
Payment Information Additional Information										
<ul> <li>\$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.</li> <li>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. <i>Cancellations after May 16, 2025 are subject to a cancellation fee.</i> 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.</li> </ul>										
Signatures and Date										
Participant's Name			Signature				Date			
Application deadline is <b>April 25, 2025</b> . 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