



## INTERNATIONAL OUTREACH EDUCATIONAL CENTER IOEC

### PROXIMITYCUBA

#### Participant Registration Form

To reserve your space in a program, please complete the following registration form. If you have any questions regarding registration, please email us at [contact@proximitycuba.com](mailto:contact@proximitycuba.com)

#### PROGRAM INFORMATION

Program Name (\*): \_\_\_\_\_

Program Date (\*): \_\_\_\_\_

#### CONTACT INFORMATION

State (\*): \_\_\_\_\_

City (\*): \_\_\_\_\_

Street Address(\*) \_\_\_\_\_

Zip (\*) \_\_\_\_\_

Primary Phone (\*) \_\_\_\_\_

Email Address (\*) \_\_\_\_\_

Major / Occupation (\*) \_\_\_\_\_

School / Employer (\*) \_\_\_\_\_

#### PASSPORT INFORMATION

I am a citizen of (\*) \_\_\_\_\_

Passport Number (\*) \_\_\_\_\_

Expiration Date (\*) \_\_\_\_\_

Date of Birth (\*) \_\_\_\_\_



## EMERGENCY CONTACT

Person to contact in case of emergency (\*): \_\_\_\_\_

Relationship (\*) \_\_\_\_\_ Emergency Phone Number (\*) \_\_\_\_\_

## SPANISH LEVEL

Rate your Spanish language ability (\*):

None: \_\_\_\_\_

Basic: \_\_\_\_\_

Conversational: \_\_\_\_\_

Fluent: : \_\_\_\_\_

## ACCOMODATIONS

Assign me a roommate:

Yes \_\_\_\_\_ No \_\_\_\_\_ (I prefer a single room at the additional cost)

I wish to share a room with: \_\_\_\_\_

I am a Non-Smoker \_\_\_\_\_ I am a Smoker \_\_\_\_\_

List any special dietary restrictions, medical conditions, or disabilities that may affect your participation in this program:

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