



**UWSP CONTINUING EDUCATION CULTURE OF CHINA 2009  
TOUR REGISTRATION FORM**



**PROGRAM TITLE:** Culture of China

Sept. 6 – 26, 2009

NAME (as listed on your passport): \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
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PHONE: Home \_\_\_\_\_ cell \_\_\_\_\_

E-MAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**PLEASE SEND US A COPY OF THE FIRST 2 INSIDE PAGES OF YOUR PASSPORT.**

WHERE DID YOU HEAR ABOUT OUR PROGRAM?

\_\_\_\_\_

EXPERIENCES RELEVANT TO THE TRIP:

ANY CHRONIC/RECURRING HEALTH CONDITIONS:

ANY DIETARY NEEDS OR RESTRICTIONS:

ROOMMATE REQUEST: (name)

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:

\_\_\_\_\_  
\_\_\_\_\_

**\$500 deposit per person required with registration**

**Return To:** UWSP Continuing Education  
Kim O'Flaherty, Program Manager  
324 CAC, Stevens Point WI 54481

Questions: Call 715.346.2426 or email koflaher@uwsp.edu