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**UWSP CONTINUING EDUCATION  
WINTERIM IN TANZANIA 2009-10  
STUDY TOUR REGISTRATION FORM**

**PROGRAM TITLE:** Tanzania Safari & Kilimanjaro

Dec. 27 – Jan. 18



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

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: (Home) (     ) \_\_\_\_\_ (Cell) (     ) \_\_\_\_\_

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

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

**PLEASE SEND US A COPY OF THE FIRST TWO 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: \_\_\_\_\_



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

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_  
\_\_\_\_\_

**Please return this form with your \$250 deposit (nonrefundable) to:  
Kim O'Flaherty, Program Manager, UWSP Continuing Education  
324 CAC, Stevens Point WI 54481**