

Participant Information:

Student name (as it appears on passport): _____

Student ID number: _____ Email: _____

Host family name (if known): _____ Email: _____

Host Family Address: _____

City: _____ State : _____ Zip: _____

Home telephone: () _____ Mobile telephone : () _____

Payment Information: Full package price of \$650 due by October 30th

Amount: _____

Method of Payment: Personal Check Money Order Mastercard Visa

If charging to a credit card: (Visa and MasterCard accepted)

CC #: - - Expiration Date: / Authorization Code: _____

Signature: _____ Date: _____

Deadline Information:

In order to attend the Mid Year Orientation in San Francisco, we must receive your Registration Form **no later than October 1, 2010 with a non-refundable deposit of \$200.**

Mail the form to: Academic Year in America
Attn: Sheila Fomenko
River Plaza 9 West Broad Street
Stamford, CT 06902-3788

Or fax form to: (203) 399-5282

Flight Information: – (if known at time of registration)

* Please send ALL flight information by November 1, 2010*

Flight arriving to San Francisco: _____

Airline and Flight #: _____

Departure airport and time: _____

Arrival time into SFO: _____

Flight departing San Francisco to your host family: _____

Airline and Flight #: _____

Departure time SFO: _____

Arrival time: _____