



# 2011 Costa Rica Medical Mission & International Rotation Program Registration Form

## Instructions

1. Complete the following registration forms. Please write legibly in ink.
2. Submit your deposit by October 15<sup>th</sup> (trip cost increases after 10/15/10).

15-day Medical Mission deposit amount:	\$1,000 (total cost: \$3,950)
30-day Medical Mission/Intl Rotation deposit amount:	\$1,500 (total cost: \$4,700)
45-day Medical Mission/Intl Rotation deposit amount:	\$1,500 (total cost: \$5,650)

Make checks Payable to *Common Ground International*. If you prefer to pay with Visa/Master Card, please fill out the Credit Card form and mail it in with your registration.

## All deposits and payments are non-refundable.

3. Mail your registration forms and deposit to:
  - Common Ground International
  - P.O. Box 174
  - Lafayette, CO 80026

Once we have received your registration and deposit, your participation will be contingent upon your completing payment and signing a Language School Contract, Liability Waiver, and Behavioral Contract.

If you are a Pharmacy or PA student seeking an international rotation, you will be required to submit an academic recommendation and university references.

## Questions?

Call us at (303) 684-5557 or (888) 879-2575

Email us at [info@commongroundinternational.com](mailto:info@commongroundinternational.com)

Find program information at [www.commongroundinternational.com](http://www.commongroundinternational.com)

## Registration Checklist

### Forms

- Participant Information / Emergency Contact Information
- Passport Information / Medical Information
- Homestay Information / Spanish Language Experience

- Statement of Purpose

### Additional Materials

- Photocopy of first page of passport
- 2 Passport Photos

------(detach and mail with application)-----

Card type (circle one): Visa – Master – Discover

Card # \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ 3 Dig code: \_\_\_\_\_

Name as on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address (include city/state/zip): \_\_\_\_\_

Deposit amount (circle one): \$1,000.00    \$1,500.00    Signature: \_\_\_\_\_

## Participant Information

Name \_\_\_\_\_  
first middle last

Sex:  Male  Female

Date of Birth \_\_\_\_\_  
month/day/year

Home Address \_\_\_\_\_  
street  
\_\_\_\_\_ city state zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

I am registering for the:  2 week Program (March 9 – March 23, 2011\*)  
 4 week Program (February 23 – March 23, 2011\*)  
 6 week Program (February 14 – March 23, 2011\*)

\*The dates listed above are estimated travel dates and may adjust slightly depending on various factors.  
Exact program dates should be solidified by the end of November, 2010.

## Emergency Contact Information

Please provide us with an emergency contact. This should be someone who will NOT be in Costa Rica while you are, and who will be reachable by phone:

Contact Name \_\_\_\_\_  
first middle last

Relation to participant \_\_\_\_\_

Home Address \_\_\_\_\_  
street  
\_\_\_\_\_ city state zip

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_

## Passport Information

All trip participants **MUST** have a passport that will be valid for at least 6 months after the return date of the trip.

If you already have a passport:

Name on Passport \_\_\_\_\_

Passport Number \_\_\_\_\_

Issued at \_\_\_\_\_  
city country

Date of Issue \_\_\_\_\_ month/day/year      Expiration \_\_\_\_\_ month/day/year

If you do not have a valid passport:

It is your responsibility to apply for or renew your passport at a post office or passport office. Once you receive your new passport, you must provide Common Ground with the information above as well as a photocopy of the first page of the passport no later than one month prior to departure.

## Medical Information

Family Physician \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

If you have health conditions or personal situations of any kind that you would like us to know about (especially anything that may influence your travel experience), please describe them below. This information can be helpful in the event of an emergency, and will be kept confidential unless emergency medical treatment is needed.

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## Homestay Information

Are you a smoker?

Smoker       Non-Smoker

Do you prefer a host family with children or without?

With children       Without children       No Preference

Allergies (including food, medication, bites, stings, etc.): \_\_\_\_\_

\_\_\_\_\_

Special dietary needs: \_\_\_\_\_

\_\_\_\_\_

Any special accommodations you need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Spanish Language Experience

Our program participants generally have varying levels of Spanish language experience. In order to give us an idea of what level you're at, please rate your Spanish language ability in the following areas:

Oral Comprehension      Beginner      Intermediate      Advanced      Fluent

Speaking      Beginner      Intermediate      Advanced      Fluent

Reading      Beginner      Intermediate      Advanced      Fluent

Writing      Beginner      Intermediate      Advanced      Fluent

Briefly describe your Spanish experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Statement of Purpose**

Please use the space below to explain why you wish to participate in this program. Why did you choose this program over others, and what do you hope to get out of it? If you prefer to use a separate sheet, be sure to label it “Statement of Purpose”.