

REGISTRATION FORM



Global Reach

INSTITUTE

For International Education

Destination: _____

Travel Dates _____

Delegation Title: _____ Focus: _____

Delegate Information

Mr., Mrs., Ms., Miss, Dr., Prof., Other _____

Mailing Address: _____

City _____ State _____ Zip Code _____ Assn or Institution _____

Home Phone (_____) _____ Cell(_____) _____ Work(_____) _____

E-mail address _____ Alternate Email _____

Emergency Contact _____ Phone _____

Rooming Information

Two Beds _____ One Double Bed _____ Non-smoking Room _____ Smoking Room _____ No Preference _____

I will room with _____

_____ I request a single room and agree to the Single Room Supplement Charge

Traveling Companion(s)

#1 Name/Title _____

Phone (_____) _____ E-mail address _____

#2 Name/Title _____

Phone (_____) _____ E-mail address _____

#3 Name/Title _____

Phone (_____) _____ E-mail address _____

Deposit

_____ **Enclosed is my check** in the amount of \$ _____ (minimum U.S. \$500. per delegate or guest) as deposit toward participation. Make checks payable to Global Reach Institute.

_____ **I authorize \$** _____ (minimum \$500. U.S. deposit per delegate) to be charged to my credit card:

_____ MasterCard _____ Visa _____ Card Number _____ - _____ - _____ - _____

Expiration Date _____ 3-digit security code (on card back) _____

Name on Card _____ Signature _____

Authorization

I have read, understand, and agree to the terms of agreement on the reverse side of this form:

Signature _____ Date _____

**RETURN APPLICATION
BY MAIL / FAX / EMAIL**

HEADQUARTERS
Global Reach Institute
PO Box 2229
Coeur d'Alene, ID,
USA
83816

EMAIL: info@globalreachinstitute.org

QUESTIONS? CALL 1-888-727-3224