

TCCC Trip 2015 Registration Form

1. Personal Information (as appears on your passport)

Title: (Mr, Mrs, Ms, Dr, Sr, Prof, Rabbi, Bishop or Other)

Surname:

First Name:

Date of Birth:

(needed for domestic flights in Turkey)

Organisation:

Contact Address:

Telephone Work:

Telephone Mobile:

Telephone Home:

Email:

2. Which tour will you be participating in?

AUGUST 18 - 26 OR SEPTEMBER 8 - 16

3. Do you have any special Dietary Requirements? (YES / NO)

If yes, please specify:

4. Special medical conditions? (YES / NO)

If yes, please specify:

5. Do you require any regular medication? (YES / NO)

If yes, please specify:

6. Will you have traveller's medical insurance coverage during the trip? (YES / NO)

(it is strongly recommended you have medical insurance coverage)

7. Emergency Contact in Canada:

Name:

Tel:

8. Do you wish to extend your trip? (YES / NO)

If yes, please include details:

Agreement

I would like to participate in the TCCC's *Trip to Turkey* between the dates ()

I accept the terms and conditions stated above and understand the information provided relating to travel arrangements (see Trip Information Kit 2015).

I will fully cooperate with travel organisers for the realisation of a smooth and enriching program. I acknowledge that the scheduled study tour has been prepared with goodwill and the best possible accuracy.

I do accept to pay the fee listed in Info Kit to cover the international and domestic travel costs.

Media Release:

I give permission to the TCCC to use the pictures or video materials that I may have appeared in during the Trip to Turkey for use on the TCCC's website or relevant publications, catalogues, brochures and media items.

1. Health Release:

I hereby acknowledge that I am responsible for all personal health concerns and emergencies while in Turkey and while taking part in the TCCC Trip to Turkey.

Name: _____

Signature: _____

Date: _____

Please include a paragraph (50 words) of BIO-data or attach your Curriculum Vitae
