



MALKAM
Cross-Cultural
Training

REGISTRATION FORM

SUMMER STUDY-TOURS PROGRAM

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: M / F

Mailing Address: _____

City: _____ Country: _____ Code: _____

Telephone No. (home) _____ (work) _____

Fax No. _____ Email: _____

Occupation: _____

If under 18, please provide contact information for parents/guardian:

Name: _____ Relationship: _____

(if different from above)

Address: _____

City: _____ Code: _____

Home Tel. No. _____ Work Tel. No. _____

Email: _____

PROGRAM INFORMATION: check one

YOUTH (ages 14-18)

YOUNG ADULT (ages 18-24)

TEACHER EDUCATION

PROFESSIONAL PROGRAM

Session dates:

June 30- July 25, 2003 and/or

August 5-29, 2003

TRAVEL INFORMATION

- By Airline Flight No. and Carrier _____
- By Bus
- By Train
- By Car

From: _____ To: _____ Expected arrival time: _____

Require pick up at the airport: YES NO

ACCOMMODATION

- I am interested in:
- Homestay
 - University residence
 - Hotel facility -
please send information on recommended hotels.

If interested in homestay, please circle requirements (where available):

- Children Prefer adults only
- Smoking Non-smoking
- Pets No pets

- Food allergies/special diet required (i.e. diabetic)
- Require a location with access for physical disabilities

PREVIOUS ENGLISH LANGUAGE TRAINING:

Please check all that apply:

- High school
- College/University ESL
- Private lessons
- Previous stay in English speaking country - (date, length): _____

Current level of English:

- Beginner (no or little knowledge of basic English)
- Intermediate (previous study with basic understanding)
- Advanced (intensive study and good understanding)

METHOD OF PAYMENT

VISA / AMERICAN EXPRESS Name of cardholder: _____
 No. _____ Expiry date: _____

MONEY ORDER / CERTIFIED CHEQUE *payable to MALKAM Consultants Ltd.*

SIGNATURE: _____ Date: _____
 SIGNATURE OF PARENT (if under 18 years of age: _____