



Children's Medical Aid Foundation
Bridging healthcare needs and services in Nepal.

Discover Nepal Fall 2011
Registration Form

Please fill out one form per traveler

Personal Information

Participant Full Name: _____

Home Address: _____

City: _____

State or Province: _____

Zip or Postal Code: _____

Country of Residence: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____

Passport Number: _____ Country of Issue: _____

Passport Expiration Date: _____

Name on Passport: _____

Medical & Emergency Contact Information

Do you have any medical conditions we should be aware of? Yes/No

If Yes, please explain: _____

Do you currently have health insurance coverage? Yes/No

Primary Care Physician: _____

Physician Phone Number: _____

Name of person to contact in an emergency: _____

Relationship: _____

Phone: _____ E-mail: _____

For vaccination requirements/recommendations: Please call Kaiser Travel Medicine (in S.F., 415-833-2872), ask your doctor, or contact Overseas Medical Center in S.F. at (415) 982-8380.

Payment Information

Trip Fee: \$4,700 per person, which includes approximately \$1,000 (approximately 20%) to be donated to CMAF. You will receive a letter acknowledging your donation.

Due with application by August 15, 2011	\$ 700
Balance due by Sept. 1, 2011	\$4,000

Refund policy for cancellations:

Cancel on or before July 19, 2011 – 75% refunded

Cancel on or before Oct. 10, 2011 – 50% refund

Note:

No refunds will be made for any unused or partially used services mentioned in the itinerary once the tour has started. An additional fee may be assessed if the airfare is more than \$1,500/person. The touring company, Zen Travels, is not responsible for any change in the itinerary due to natural disasters or political instability in the country. Prices may change in accordance with any changes in government regulations/fees.

My check is enclosed in the amount of \$_____

Please make check payable to “Children’s Medical Aid Foundation” and mail to:

Children’s Medical Aid Foundation
PO Box 301
Sonoma, CA 95476

For more information, please contact:

Carol Vernal
Phone: (707) 938-1807
Email: childmedaid@gmail.com

Zen Travels is happy to arrange additional transfers, tours, and accommodations.
Please contact them directly:

Zen Travels
Phone: (US) (202) 552-1508
Email: info@zentravels.com
Web: www.zentravels.com

Acknowledgement

I understand that exhibiting misconduct, acting in an unsafe manner, use of illegal/recreational drugs or excessive use of alcohol during the trip, may result in my removal from the trip, and the forfeiture of payment. Read the participant agreement, release and acknowledgement of risk, and understand its terms in full, especially cancellations, refunds and responsibilities.

Signature: _____ Date: _____

Print Name: _____