



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

**Nepal Dental Mission & Tour  
Registration Form**

*Please fill out one form per traveler*

**Sept. 11 - 21, 2013**

**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

**Dental Mission & Tour Fee: \$2,450/person**, which includes a portion to be donated to Children's Medical Aid Foundation for its medical outreach programs in Nepal.

***Payment requirements:***

Due with application by July 12, 2013	\$ 450
Balance due by August 9, 2013	\$2,000

***Refund policy for cancelations:***

Cancel on or before June 28, 2013	75% refunded
Cancel on or before Aug. 30, 2013	50% refunded

***Note:***

No refunds will be made for any unused or partially used services mentioned in the itinerary once the tour has started. Children's Medical Aid Foundation is not responsible for any change in the itinerary due to weather or other conditions beyond our control. Prices may change in accordance with any changes in government policies regarding taxes, fuel costs, vehicle charges and entrance 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](mailto: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](mailto:info@zentravels.com)  
Web: [www.zentravels.com](http://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: \_\_\_\_\_