

Suffolk University
MGIB 850 AE London
Spring 2011 Semester

Name _____ Student ID# _____

Daytime Phone _____ Suffolk Email _____

Please bring this form along with your passport and \$500 seminar fee deposit and Registration form to Jackie Gerhold (617-573-8077), 8 Ashburton Pl. S 659. Registration MUST be done in person.

- Deposit must be a check or money order made out to SUFFOLK UNIVERSITY (NO CASH!)
- Please write your Suffolk ID number in the Memo section of the check.

Please read the following information, initial each statement and sign below if you accept these conditions

___ **I understand this is a Spring semester course and will appear on my Spring 2011 schedule.**

___ **I understand travel for this course will be March 12-20, 2011.**

___ **I understand that the \$500 seminar fee deposit is NON-Refundable, unless Suffolk University cancels the course.**

___ **I understand** that the total seminar fee of \$3,100 includes accommodations, most meals, group cultural site visits and company visits.

___ **I understand** that the total fee of \$3,100 does NOT include airfare or visa

___ **I accept** that the following refund schedule will be applied should I decide to withdraw from the seminar after initial registration.

- **The remaining \$2,600 seminar fee balance will be billed in December, together with all other tuition and fees for Spring semester 2011. At least 50% payment for all tuition, including the remaining seminar fee balance, will be due December 15; with the remaining balance due on March 15; following standard University billing procedures.**
- **The total seminar fee is non-refundable after February 15, 2011.**

___ **I understand that tuition for this 3 credit course is in addition to the global travel seminar fee.**

___ **I understand** that Suffolk University reserves the right to make cancellations, changes or substitutions to the agenda, course, faculty, flight arrangements (if applicable), and other services, in the case of emergencies or changed conditions as deemed desirable based on the interest of the group and academic quality of the course.

___ **I understand** that I am responsible for having proper USCIS paperwork including a valid passport to return to the US (if international student).

___ **I understand** that I am responsible for having proper health insurance abroad and ensuring that my health care coverage is extended to the country of travel.

___ **I agree** to register for the itinerary and health section of the International SOS (internationalsos.com)

Signature _____ Date: _____

As a student at Suffolk University, in order to participate in the travel seminar to _____, between _____, 2011 and _____, 2011, the undersigned student makes the following agreement;

The student recognizes there may be risks involved during the travel seminar. The nature of the risks may not always be readily ascertainable. Suffolk University is not prepared to analyze or make judgments of these risks for the student, nor is Suffolk University financially able to assume liability or legal responsibility for any damages suffered by a student arising out of any activities on the trip.

In addition, the University's general liability policy covers only the employee of the University and does not extend to students. Therefore, students are wholly responsible for their own actions and realize that the University will not provide coverage for any damage they may cause to others

The student hereby releases, disclaims and exonerates Suffolk University from any and all liability for any and all injuries, losses, damages, or other adverse consequences arising directly or indirectly from participation in the travel seminar, regardless of the source or nature of the cause thereof.

Print Name _____ Signature _____

Address: _____ Date: _____

Emergency Contact Information:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____