

Field Studies Tour of Cuba - Registration

Your Name: _____ Phone: _____

Address: _____ email: _____

Postal

Address: _____ Code: _____

Details concerning your arrival in Cuba:

Date: _____

Name of Cuban Airport? _____

Airline? _____

Flight Number? _____

Originating from what city and country? _____

Yes I have arranged for travel and health insurance while in Cuba _____

Passport Number and Country _____ DOB _____

What university are you enrolled in? _____

Are you enrolled in an undergraduate or graduate program? _____

What is your academic interest in this field study tour of Cuba? _____

What aspect of Cuba most interests you/are you most interested in seeing or learning about

_____?

Any special background or skills you contribute to the group? _____

Do you have any diet restrictions/medical conditions of which we should be aware? _____

If yes, please explain: _____

Next of Kin in case of an emergency, including phone number _____

WENDY R. HOLM, P.AG., THE HOLM TEAM
RR #1, HP-8, BOWEN ISLAND, B.C. V0N 1G0

Phone: (604) 947-2893 Fax: (604) 947-2321 e-mail: holm@farmertofarmer.ca