



INNOVATIVE IMMERSION
Language Study and Cultural Tours

11664 National Blvd #277
Los Angeles, CA 90064 • Phone: 916 709-3249
mellwit@yahoo.com • www.iitours.com

Office use only:

Date _____ Fax _____

Family _____

Deposit _____

PROGRAM REGISTRATION FORM

Please fill out the following thoroughly and return it to your teacher or our office

PROGRAM INFORMATION

Country _____ Exact Dates _____

Individual or Escorted _____ Participating in add-on, if offered? _____

STUDENT INFORMATION

Name as it appears on your passport _____

Date of Birth _____ Place of Birth _____

Address _____

Email address _____

Parent email (if minor) _____

Phone: Home _____ work _____

Profession _____

Citizenship _____

HOTEL/HOMESTAY INFORMATION

Homestay? _____ If not, preference for hotel _____

Single or double room? _____

With or without children? _____

Special diet or foods you do not like? _____

Allergies? _____

Pets? _____ Physical limitations _____

Additional requests or pertinent info? _____

Do you have friends/family on this trip? _____

Will you have any visitors? _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone: Home _____ Work or Cell _____

Email: _____ (please print clearly) _____

MEDICAL INFORMATION

Are you in good health? If not, please specify your health problems and special needs _____

Purchasing addtl trip/medical insurance? _____ Amount? _____

Current medications? _____

Do you have any allergies to medications? _____

Name of medical insurance company _____

Name of primary insured _____

Number of insurance policy _____

LANGUAGE & TRAVEL EXPERIENCE

Do you speak other languages? _____

Have you done other immersion programs? Where? _____

Level in Spanish _____

Goal of this program _____

Referred by _____

TOURS & ACTIVITIES

What other activities are you interested in? _____

SPECIAL ARRANGEMENTS

If you have special arrangements, such as a different flight, different dates, etc, please specify them here:

I have read and understand the terms and conditions of this program. I am including a deposit of \$ _____, of which \$500 is non-refundable.

Signature _____ Date _____

If a minor, signature of parent _____



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