

STUDENT INFORMATION

Family Name: _____ First Name: _____

Date of Birth (mm/dd/yy): ____/____/____ Gender: Male Female

Address (Home Country): *Street*: _____

City: _____ Country: _____ Postal Code: _____

Country of citizenship: _____ Phone: _____ E-mail: _____

Form I-20 required (for Student Visa)? No Yes If "Yes", provide city & country of birth _____, _____

How did you hear about TALK? _____

TUITION

Select School: _____ Select Course: _____

Date studies begin (mm/dd/yy): ____/____/____ No. of weeks (or courses if Prof. Dev 16 or 18): _____

Provide addition details here (if any): _____

ACCOMMODATIONS

Do you wish TALK to arrange your accommodations? Yes No

If No: Provide address in USA: _____

If Yes: Date accommodations begin (mm/dd/yy): _____ Date accommodations end (mm/dd/yy): _____

Select: Homestay: Single Shared Select: Breakfast Only 14 meals/ week

Student Residence: Single Shared Residence Name: _____

If Shared, provide name of roommate (except BOS & SFO): _____

Do you have allergies? Yes No Do you smoke? Yes No

If Yes, please describe: _____

AIRPORT TRANSFER

Do you wish TALK to arrange an Airport Transfer: Yes No

If yes: How many additional passengers? _____ From which airport? _____

The following information MUST be provided no later than 14 days prior to arrival to guarantee service.

Airline Name & Flight No.: _____ Departure Airport: _____

Arrival Date: (mm/dd/yy) _____ Arrival Time: _____

INSURANCE AND MEDICAL INFORMATION

Do you wish TALK to arrange insurance for you (at a cost of \$25/week (non-refundable)? Yes No

If "No", provide proof of insurance on the first day of your course. If "Yes", complete the following:

Date you wish your insurance coverage to begin (mm/dd/yy): _____ and end (mm/dd/yy): _____

Emergency Contact Name: _____ Telephone: _____

Email: _____ Relationship: _____

AGREEMENT

1. I declare that all information provided in this Booking Form is correct and that I have read, understood, and agree to be bound by the Terms and Conditions of enrollment as set out in this form and on the TALK website at www.talk.edu.
2. I understand that acceptance into any course at TALK is subject to the course's entry requirements and TALK receiving payment of fees at least 30 days prior to the commencement of any service provided by TALK. Where booking or payment is received less than 30 days prior, TALK shall use its best efforts however services are not guaranteed.

When Student is over 18 years of age, Student can sign on their own behalf.

Signature of student _____ Date ____/____/____

When Student is under 18 years of age, a parent or guardian must sign on behalf of Student.

By signing below, in addition to 1 and 2 above, I relieve TALK from ALL liability associated with parental responsibility or responsibility beyond the absolute minimum imposed by law.

Signature of Parent/Guardian _____ Date ____/____/____ Relationship _____