

CONFIDENTIAL APPLICATION FOR REGISTRATION

CONTINUING STUDIES EDUCATIONAL TRAVEL PROGRAM

NAME AND DATES OF TOUR: _____

FULL LEGAL NAME AS ON PASSPORT: _____ GENDER: MALE FEMALE

CURRENT ADDRESS: _____

POSTAL CODE: _____

PHONE (HOME): _____ PHONE (CELL): _____

PHONE (WORK): _____

DATE OF BIRTH (DD/MM/YY): _____ EMAIL: _____

DO YOU HAVE A ROOM-MATE FOR THIS TRIP? YES NO

IF SO, WHO ARE THEY? _____

IF NOT, WOULD YOU LIKE US TO PAIR YOU UP WITH SOMEONE? YES NO

DO YOU REQUIRE A SINGLE ROOM WHICH WILL INCUR AN
ADDITIONAL COST? YES NO

(Program cost is based on double occupancy. If a roommate cannot be found
within the program, the single supplement will be applicable.)

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

BY SUBMITTING THIS APPLICATION, I UNDERSTAND THAT:

- Program fees and itineraries are subject to change. A minimum number of participants are required for the program to proceed. Participants are responsible for ensuring that they have the appropriate travel documentation (i.e. visas, valid passports, etc.), personal insurance, and vaccinations.
- Any deposits/program fees are non-refundable. Refunds will only be made if the program is cancelled by Langara College.

To complete this application please
include a deposit cheque of \$650.00 made
payable to Langara College.*

CREDIT CARD PAYMENT**:

Visa Mastercard Other:

Card No.: _____

Name on card: _____

Expiry Date: _____

Signature: _____

EMAIL APPLICATION TO:

jjansen@langara.ca

MAIL APPLICATION TO:

Janinah Jansen
Program Coordinator, Educational Travel
Langara College Continuing Studies
100 West 49th Avenue
Vancouver, BC V5Y 2Z6

FAX APPLICATION TO:

604.323.5899

Attn: Janinah Jansen

*Registration & payment deadline usually 3
months prior to tour date – please contact us or
check website for exact details per tour.

**To protect our students' privacy, credit card
data is purged on registration.

Signature of Applicant

Date of Application

Langara.

THE COLLEGE OF HIGHER LEARNING.