

2009 Seminar Participant Application Form

Mr./Mrs./Miss/Ms: _____

Last/Family Name: _____

First Name: _____

Preferred Name: _____

Middle Name: _____

Birth Date: _____

Sex: __ Male __ Female

Marital Status _____

Seminar Applying For:

___ Lautoka, Fiji—April 27-May 8

___ Kigali, Rwanda—Aug. 10-21

___ Salem, Oregon—June 1-12

___ Sangatan, Indonesia—Sept 14-25

___ Kailua Kona, HI—July 13-24

___ Kohima, India—Nov 7-14

___ Burtigny, Switzerland—Aug. 3-14

Address:

Street/PO Box:

City/State/Country:

Zip/Postal Code:

Phone (Home/cell)

Email address:

Emergency Contact: (Name/Phone# / relationship)

Religious Affiliation:

Citizenship/Country:

Passport #

Exp. Date:

Visa information: Do you need a visa to attend this conference?

If yes, do you have it yet OR what stage of the process are you in?



Dependant Information:

Spouse Accompanying?
Will they need campus housing?
Children Accompanying?
Will they need campus housing?

Personal Health Insurance:

Carrier:
Policy #

Costs:

Registration Fee (non-refundable)	\$ 30.00
Seminar Cost/per location (See website)	\$ _____
Room and Board/per location (See website)	\$ _____
Final Cost	\$ _____

Payment Method: ___Cash ___Credit ___Debit (check one)
(Note: Payment is to be made in full at course registration)

Personal Background:

What life experiences and interests have lead you to be part of this water seminar?

What are your future plans for information learned in this course?

Other personal information:

Email application to:
Water for Life at: info@waterforlife.org
Our phone: +1-808-326-4426

or Mail application to:
Water for Life
75-5851 Kuakini Hwy #75
Kailua-Kona, HI 96740

