

SUNY Model European Union 2008

STUDENT REGISTRATION FORM Registration Deadline November 2, 2007

PLEASE PRINT THIS FORM FOR YOUR FACULTY ADVISOR. THE CONFERENCE FEE IS \$150.00.

MAIL TO Office of International Education, SW 410

c/o Dr. Lee Ann Grace

Buffalo State College, SUNY

1300 Elmwood Avenue

Buffalo, NY 14222 USA

Fax (716) 878-3054

YOUR LAST NAME: _____

YOUR FIRST NAME: _____

GENDER:

MALE

FEMALE

HOME ADDRESS:

Street: _____

City/State/Country: _____

Postal Code: _____

COUNTRY OF RESIDENCE: _____

U.S. CITIZEN:

YES

NO

UNIVERSITY YOU ATTEND: _____

Are you coming alone, or with a delegation from that university? _____

E-MAIL ADDRESS: _____

REGISTRATION INFORMATION:

UPON RECEIPT OF PAYMENT, STUDENTS WILL BE ASSIGNED ALTER EGOS IN THE MODEL EU SIMULATION AND RELEVANT COUNTRY DELEGATION INFORMATION.

Will you be participating in just SUNY MEU, or also enrolling in the 10 Day Study Tour to follow the SUNY MEU simulation?

____ Just MEU (January 3-5)

____ MEU + Study Tour (January 1-16)

Registration for MEU January 3-5 at Izmir Economics University

Conference Fee: \$150 for SUNY MEU (includes materials and banquets)

Lodging at the Hotel \$50 night (per student in a double room)#

Balçova Termal Otel

www.balcovatermal.com How many nights will you be staying?* _____

Total Registration fees due: (\$150 + hotel) \$ _____

Credit card information: Visa or Mastercard

Exp Date: _____

Signature: _____

#Please indicate if you have a preferred roommate or if you need our office to locate a same sex roommate for you: _____

*Those students traveling with the SUNY group should expect to stay 4 nights, as we arrive January 2 and depart (either for home or for the study tour) on January 6.

If you would like us to arrange your flights with other SUNY participants out of JFK and into Izmir, check the appropriate box. You will be called upon, once a spot is reserved in your name, to pay for airfare at the group discounted rate PRIOR to departure for Izmir.

Will arrange own travel

Please reserve seat for me with SUNY group traveling out of JFK into and out of Izmir, departing January 1 and returning January 6 (SUNY MEU only option).

I am enrolling in the 3 credit study tour, and thus, need a reservation on the flight out of JFK on January 1, returning out of Istanbul on January 16.

If you are NOT traveling with the SUNY group out of JFK,
When Will You Be Arriving in Izmir so we can arrange transport from the airport?

Date	
Time	
Flight #	

If you are NOT departing with the SUNY organized group NOR participating in
the Study Tour, when will you be departing from Izmir?

Date	
Time	
Flight #	

MEDICAL HISTORY

Physician's Name: _____

Address: _____

Telephone Number: _____

MEDICAL INFORMATION

1) LIST ALL KNOWN ALLERGIES: _____

Are You Allergic To Any Medications?

Yes

No

If So, Please List: _____

2) List All Medications Participant Will Be Taking During Stay:

3) Does Participant Administer His/Her Own Medication: [*If No: Attach Full Instructions As To The Time And Dosage Of Each.]

Yes

No

4) Does Participant Have Special Dietary Requirements: [*If yes: Explain Below]

Yes

No

Medical Agreement

I HEREBY AUTHORIZE THE MEDICAL SUPPORT STAFF OF THE STATE UNIVERSITY OF NEW YORK OR ANY EMERGENCY FACILITY TO ACT FOR ME ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION.

I SPECIFICALLY UNDERSTAND THAT IEUSS, SUNYMEU AND THE STATE UNIVERSITY OF NEW YORK DO NOT PROVIDE ANY HEALTH INSURANCE COVERAGE FOR ME WHILE ENGAGING IN ANY EVENT ACTIVITY, OR PERFORMANCE.

I AM IN GOOD HEALTH AND ABLE TO UNDERTAKE THE EVENT, ACTIVITY, OR PERFORMANCE THAT I HAVE ELECTED TO PARTICIPATE IN FOR SUNYMEU.

I ACCEPT FULL RESPONSIBILITY FOR PAYING MEDICAL EXPENSES THROUGHOUT MY PARTICIPATION.

I HEREBY CONSENT TO FIRST AID, EMERGENCY MEDICAL CARE AND, IF NECESSARY, ADMISSION TO AN ACCREDITED HOSPITAL WHEN NECESSARY FOR EXECUTING SUCH CARE FOR TREATMENT FOR INJURIES I MAY SUSTAIN WHILE PARTICIPATING IN ANY EVENT, ACTIVITY, OR PERFORMANCE ASSOCIATED WITH SUNYMEU, INCLUDING TRAVEL.

Signature of Participant: _____

Date: _____

Birth date of Participant: _____

If the participant has not yet attained the age of 18 years, both parents (or legal guardians) of the above signed participant must also sign and date this form.

Signature of Participant's Father or Legal Guardian: _____

Date: _____

Signature of Participant's Mother or Legal Guardian: _____

Date: _____

MEDICAL INFORMATION FORM

Participant's Last Name: _____

First Name: _____ Age: _____

Gender: (Circle One) [Male] [Female]

Home Address: _____

City: _____ State: _____ Zip Code: _____

Country of Residence: _____

Medical and Emergency Contacts

Please provide contact names and numbers of two people. Name & address of person to contact in case of emergency: (should be the same as one from above)

Emergency Contact #1

Name: _____

Daytime Phone Number: _____

Evening (or cell) Phone Number: _____

Email address: _____

Emergency Contact #2

Name: _____

Daytime Phone Number: _____

Evening (or cell) Phone Number: _____

Email address: _____

Name of Medical Insurance Carrier: _____

Name of Insured: _____

Policy / I.D. #: _____

Agreement To Indemnify And Save Harmless

BY SIGNING BELOW, I AGREE TO INDEMNIFY AND SAVE HARMLESS THE STATE OF NEW YORK, THE STATE UNIVERSITY OF NEW YORK, THE INSTITUTE FOR EUROPEAN UNION STUDIES AT SUNY (IEUSS), THE SUNY MODEL EUROPEAN UNION (SUNYMEU), AND ALL OF THE OFFICERS, EMPLOYEES OR ASSOCIATES PARTICIPATING IN THE SIMULATION FROM ANY AND ALL CLAIMS, DEMANDS, SUITS, JUDGEMENTS, COSTS, EXPENSES, ACTIONS, AND CAUSES OF ACTION FOR PERSONAL INJURY OR INJURIES, DEATH OR LOSS OR DAMAGE(S) TO PROPERTY SUSTAINED BY THE UNDERSIGNED PARTICIPANT IN THE SUNYMEU 2008 PROGRAM, SPONSORED BY THE STATE UNIVERSITY OF NEW YORK, **IEUSS, SUNYMEU**, OR ARISING OUT OF ANY TRAVEL TO OR FROM, AND/OR THE CAMPUS AND/OR THE PREMISES, OF THE STATE UNIVERSITY OF NEW YORK AT FREDONIA, WITH PARTICULAR RESPECT TO THE SUNYMEU 2008 PROGRAM, SPONSORED BY THE STATE UNIVERSITY OF NEW YORK, IEUSS, SUNYMEU, AND RELATED ORGANIZATIONS.

Signature of Participant: _____

Date: _____

Birth Date of Participant: _____