



Participant Information Form

Professional Development Program to Cuba

May 22 – 31, 2016

Please complete both pages of this form and return to ATA as soon as possible. The following information is requested to assist us in the overall planning of the tour. The information will be made available, as needed, to those involved in arranging and leading the program and is kept confidential. We request that you be as detailed as possible, as this information may prove valuable should you experience an emergency while on tour. Please print clearly or type and fill out one form per traveler.

Title, First and Last Names

Health Information

General statement of health (please note any medical conditions that we should be aware of while you are on this trip):

Walking or mobility problems: _____

Do you rely on any of the following: cane(s) or walking stick(s) walker wheelchair or scooter no aid required

If you use any assistance to walk, how far can you walk unassisted? _____

Significant vision or hearing problems: _____

List any medications you take and the reason for taking them: _____

Allergies to medication or food: _____

Dietary restrictions—if vegetarian or vegan, please specify: _____

Additional Information

List any special needs: _____

Special events to be celebrated during the tour (e.g., anniversary): _____

Special reason for taking this tour: _____

Companions on this tour and their relationship to you: _____

Special Interest

Special Interests: _____

Hobbies: _____