ANCIENT EXPLORATIONS

Registration Form

CHAUTAUQUA 2020

Continuing Education Travel Course Program

Zenith Passage at Ancient Angkor and Other Remote Khmer Ruins, Cambodia August 10-18, 2020 Led by Dr. Edwin Barnhart

Name		
Address		
email		
phone		
Personal Informa	ation:	
Gender		
Date of Birth		
Occupation		
Passport Informa	ation:	
Name on Passpor	rt	
Passport Number	r	
Expiration Date		
Country of Issue		

Do you have any allergies that Ancient Explorations should be aware of?				
Do you have any medical cond	litions that Ancient Explo	orations should be aware of?		
Do you have any dietary restr	ictions we should be awa	are of?		
Disclaimer For the purposes of this disclaimer 'program".	"tours", "courses" and "study	abroad programs" will be referred to as "the		
for all participants in the program. A licensed third party independent co assume all responsibility for hazard exotic environments which can be henvironments including but not limit recommends that all participants coprecautions that the physician may activity which involves hiking and control indigenous territories of native Participants assume all risk associate change or cancel any or all portions	All ground transportation durantractor over whom AE has not associated with ground transparations. Participants assumited to hazards posed by animous and their physician with recommend prior to participal limbing, there are risks of injure people have occasionally expeted with political unrest during of the itinerary of the programment of the itinerary of the control of the reason beyond the control of the itinerary of the programment.	hals, insects, plants and disease. AE th regard to vaccinations and/or other ating in the program. As with any outdoor ary for which participants assume all risk. berienced periods of political unrest. ag the program. AE reserves the right to am, without refund, as a result of political ol of AE. By checking the box below you		
I have read and agree to the to (if registering a minor, I am th		an)		
☐ Yes				
Name	Signature	 Date		
Fill out and return with your p	orogram deposit to:			
Ancient Explorations 3267 Bee Caves Rd Suite 107-161				

Or scan and email to $\underline{chautauqua@ancientexploration.com}$