

# INFOSERVE TECHNOLOGIES CORP / APPLICATION FORM

July 1 to August 4, 2005

## APPLICATION CHECKLIST

Please make sure to complete the following items before sending out your application:

**Application Form**

**Deposit of US \$500 payable to ITC**  
**3 passport sized color photos**

AFFIX PHOTO  
HERE

## DEADLINE

All applications must be received before May 30<sup>th</sup>, 2005. The balance of the program fee must be paid in full 70 days prior to the program start date.

## SUBMIT

Please mail your finished application to: **ITC, 39-20 Man Street, 2nd Floor, Flushing, NY 11354, USA**

## STUDENT INFORMATION

STUDENT NAME (First, Middle, Last) CHINESE NAME *if applicable*  
PLACE OF BIRTH DATE OF BIRTH (MM/DD/YYYY) GENDER (M/F)  
CITIZENSHIP PASSPORT NUMBER DATE OF EXPIRY (MM/DD/YYYY)  
ADDRESS CITY STATE POSTAL CODE  
TELEPHONE NUMBER FAX NUMBER  
PRIMARY EMAIL SECONDARY EMAIL  
FLUENCY OF CHINESE LANGUAGE  
AIRPORT / CITY YOU WISH TO DEPART FROM  
HISTORY OF ILLNESS  
NAME OF MEDICAL INSURANCE CARRIER POLICY NUMBER  
(If you are not under medical coverage, would you like to purchase group medical insurance with the program?  
Yes / No)

## SCHOOL INFORMATION

SCHOOL NAME TELEPHONE NUMBER  
SCHOOL ADDRESS CITY STATE POSTAL CODE  
CURRENT GRADE EXPECTED DATE OF GRADUATION (MM/YYYY)

## PARENT / GUARDIAN #1

NAME (First, Middle, Last) CHINESE NAME *if applicable*  
RELATIONSHIP TO STUDENT  
ADDRESS CITY STATE POSTAL CODE  
HOME TELEPHONE BUSINESS TELEPHONE EMAIL

## PARENT / GUARDIAN #2

NAME (First, Middle, Last) CHINESE NAME *if applicable*  
RELATIONSHIP TO STUDENT  
ADDRESS CITY STATE POSTAL CODE  
HOME TELEPHONE BUSINESS TELEPHONE EMAIL

## SUPPLEMENTAL INFORMATION

What are your expectations or goals you hope to achieve through this program?  
Are there any special travel arrangements you would like to make before/after the program?  
How did you hear about the ITC program?

## TERMS

Students are expected to attend every class and session of program activities.  
All private outings outside the university campus are subject to prior approval of the program director.

No student will be permitted to leave the campus after 11 pm, except in a program event accompanied by ITC staff.

Any behavior that is insulting to the host country or harmful to the program will not be tolerated. ITC is not responsible for any loss or damage of personal property.

In case of surgical or medical emergency, the parent hereby gives permission to the physician selected by the program director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the student. The parent or guardian is responsible for all fees incurred. If for any detrimental behavior or conduct, the student may be expelled or dismissed from the program. No refunds will be made.

### **MEDICAL INSURANCE**

Medical insurance must be purchased for the entire program. Unless the student already have medical insurance policy in place, the program will purchase group medical insurance on the student s behalf and costs will be billed to the student. Cost for medical insurance is US\$75 for the duration of the program.

### **PASSPORT AND VISA**

Students will need to have a valid passport with at least 6 months before expiration date. Students without a valid passport and visa should apply as soon as possible. You can apply for your tourist visa in one of the five embassies in the US located in Houston, Chicago, Los Angeles, New York, San Francisco and Washington DC. For your convenience, we are able to provide assistance in obtaining the visa. If you would like ITC to apply the visa for you, the fee is US\$80.

### **CANCELLATION AND REFUND**

- If written cancellation is received 30 days or more prior to departure, all but \$200 will be refunded.
- If written cancellation is received 15 days prior to departure, all but \$500 will be refunded.
- If written cancellation is received within 10 days of departure, there will be no refund.

### **PROGRAM FEES**

Program Fee: US\$4250 \_\_\_\_\_

Medical Insurance Fee: US\$75 \_\_\_\_\_

Visa Fee: US\$80 \_\_\_\_\_

TOTAL \_\_\_\_\_

### **CERTIFICATION**

I AGREE TO THE TERMS & CERTIFY THAT THE INFORMATION DISCLOSED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE DATE

PARENT SIGNATURE DATE

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