

ATLANTA • AVENTURA • BOSTON • FORT LAUDERDALE • MIAMI • MIAMI BEACH • SAN FRANCISCO

STUDENT INFORMATION

Family Name: _____ First Name: _____
 Date of Birth (mm/dd/yy): ____/____/____ Gender: ☐ Male ☐ Female
 Address (Home Country): *Street:* _____
City: _____ *Country:* _____ *Postal Code:* _____
 Country of citizenship: _____ Phone: _____ E-mail: _____
 Form I-20 required (for Student Visa)? ☐ No ☐ Yes If "Yes", provide city & country of birth _____, _____
 How did you hear about TALK? _____

TUITION

Select School: _____ Select Course: _____
 If "Other", explain: _____
 Date studies begin (mm/dd/yy): ____/____/____ Number of weeks: _____

ACCOMMODATIONS

Do you wish TALK to arrange your accommodations? ☐ Yes ☐ No
 If No: Provide address in USA: _____
 If Yes: Date accommodations begin (mm/dd/yy): _____ Date accommodations end (mm/dd/yy): _____
 Select: Homestay: ☐ Single ☐ Shared Select: Breakfast Only ☐ 14 meals/ week
 Student Residence: ☐ Single ☐ Shared Residence Name: _____
 If Shared, provide name of roommate (except BOS & SFO): _____
 Do you have allergies? ☐ Yes ☐ No Do you smoke? ☐ Yes ☐ No
 If Yes, please describe : _____

AIRPORT TRANSFER

Do you wish TALK to arrange an Airport Transfer: ☐ Yes ☐ No
 If yes: How many additional passengers? _____ From which airport? _____
 The following information MUST be provided no later than 14 days prior to arrival to guarantee service.
 Airline Name & Flight No.: _____ Departure Airport: _____
 Arrival Date: (mm/dd/yy) _____ Arrival Time: _____

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INSURANCE AND MEDICAL INFORMATION

Do you wish TALK to arrange insurance for you (at a cost of \$25/week (non-refundable)? Yes No

If "No", provide proof of insurance on the first day of your course. If "Yes", complete the following:

Date you wish your insurance coverage to begin (mm/dd/yy): _____ and end (mm/dd/yy): _____

Emergency Contact Name: _____ Telephone: _____

Email: _____ Relationship: _____

AGREEMENT

1. I declare that all information provided in this Booking Form is correct and that I have read, understood, and agree to be bound by the Terms and Conditions of enrollment as set out in this form and on the TALK website at www.talk.edu.
2. I understand that acceptance into any course at TALK is subject to the course's entry requirements and TALK receiving payment of fees at least 30 days prior to the commencement of any service provided by TALK. Where booking or payment is received less than 30 days prior, TALK shall use its best efforts however services are not guaranteed.

When Student is over 18 years of age, Student can sign on their own behalf.

Signature of student _____ Date ____/____/____

When Student is under 18 years of age, a parent or guardian must sign on behalf of Student.

By signing below, in addition to 1 and 2 above, I relieve TALK from ALL liability associated with parental responsibility or responsibility beyond the absolute minimum imposed by law.

Signature of Parent/Guardian _____ Date ____/____/____ Relationship _____