

ATLANTA • AVENTURA • BOSTON • FORT LAUDERDALE • MIAMI • 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](http://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 \_\_\_\_\_