



PARTICIPANT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Degree and Specialty \_\_\_\_\_ Referred by \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_

Office Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport No\* \_\_\_\_\_ Exp. \_\_\_\_\_

Who to contact in case of an emergency (and how) \_\_\_\_\_

Special Dietary Preferences/Health Restrictions or Allergies \_\_\_\_\_

Do you speak Spanish? \_\_\_\_\_ Have you ever traveled abroad? \_\_\_\_\_

If yes, where? \_\_\_\_\_

What are your main reasons for wanting to participate in the program? \_\_\_\_\_

**\*Please attach good, clear color copies of current passport, current professional license, medical/dental degree, CV or resumé, and one time nonrefundable \$75.00 application fee.**