

SALUD Application Form

Mail To: PO Box 58129, Philadelphia, PA 19102-8129
 FedEx To: 1500 Walnut St., Suite 1306, Philadelphia, PA 19102
 Fax To: 215-751-1986
 Questions: 800-879-6640 or 215-751-1100



Name: _____ Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Home Phone: _____ Work or cell Phone: _____ Fax: _____

E-mail Address: _____

Birth date: ____/____/____ Sex: Male/Female School you attend: _____

Years of education by start of program? _____ Type: undergrad / grad / MD / RN / DDS/Other _____

Do you have a specialty/or particular area of interest? _____

State your expectations (ex. improve medical vocabulary, learn about another culture, etc): _____

Nationality: _____ Passport No.: _____ How you heard about us: _____

Emergency contact (name & telephone): _____

Spanish Level: Zero/Beginner/Intermediate/Advanced - Low/Middle/High (see www.amerispan.com/level, to rate yourself)

Any knowledge of other languages?: _____

Live with family: Yes/No Room: Private/Shared Traveling with a companion?: Yes/No

Companion's name: _____ Same Family?: Yes/No Same Bed?: Yes/No

Rank	Host Family Requests	Yes	No	Either	<i>Please note that we do our best with homestay requests but we can't guarantee anything. Please rank your requests in the order of importance.</i>
	Children				
	Smokers				
	Special Dietary Needs:				
	Allergies:				
	Anything Else:				

SALUD Program (Standard / Individual) location: _____ Start Date: _____ End Date: _____

Standard program only: would you like your name, email, & phone # shared with others in the group in advance? Yes/No

Airport Pick-up: Yes/No Arrival Date/Time/Airline & Flt # (if available): _____

SALUD PROGRAM COSTS (PLEASE read & sign the back (applications not accepted without signature))

Registration Fee (in addition to program cost)	\$100
SALUD Program Cost	
Additional Weeks of Class and/or homestay days	
Other (late fee, private room upgrade, etc.):	
TOTAL COST	

Check/Visa/MC/AMEX/Discover # _____ Exp. Date: _____ CCV/CCV2: _____ Amount: _____

Cardholder's Name (if different than above) _____

Billing Address (if different than above) _____

PLEASE MAKE SURE TO SIGN THE BOTTOM OF THE TERMS AND CONDITIONS

SALUD TERMS & CONDITIONS

Registration and Payment

To insure a space at an AmeriSpan SALUD program, it is important to register as far in advance from your desired start date as possible. Registration consists of: 1. Submitting a completed application and a \$100 refundable registration fee (in addition to program fee) **OR** 2. Submitting a completed application and full payment. The total cost for the program is due 4 weeks prior to the start date. Applications and full payments received less than four weeks prior to the start date will be subject to a \$35 late fee. Payments can be paid with personal check (preferred method), money order, VISA, MasterCard, American Express or Discover. Within 2-3 weeks of receiving your application, AmeriSpan will mail you the "Need-To-Know" fact sheets, confirmation letter, and SALUD program itinerary and information. After full payment and other missing information (such as airline arrival particulars) are received, a final confirmation will be mailed.

Refund Policies

The one-time registration fee (\$100) and all other monies paid to AmeriSpan is fully refundable for any reason up to 2 weeks prior to your scheduled arrival date. If you cancel with less than 2 weeks notice you will receive a refund (excluding registration fee) less a 25% penalty. You will be entitled to no refund after the program starts. If you combine two or more sites to create a multi-country/city program, no money will be refunded once the first program has begun. If you cancel a program due to a personal emergency and you notify AmeriSpan in writing, we will review your claim and may be able to issue a partial refund.

The above refund policy is exactly the same in cases of cancellation due to war, terrorism or similar cases. Programs can get canceled and/or changed, AmeriSpan is not responsible for these changes. AmeriSpan reserves the right to substitute comparable programs or refund tuition. AmeriSpan's liability is limited to all money paid for the program. Classes canceled in honor of local holidays will not be made up and are not subject to any refund.

Refund Policy for Santiago, Chile

The one-time registration fee (\$100) is not refundable for any reason. **If you cancel with less than 2 weeks notice you will receive a refund (excluding registration fee) less a 25% penalty.** . You will be entitled to no refund after the program starts.

Arrival & Departure

Standard SALUD programs have pre-set arrival and departure dates while Independent SALUD programs start every Monday throughout the year. For Individual SALUD programs, you should arrive on the Sunday before your program starts and depart on the Saturday after your program is completed. For both types of SALUD programs, you may add additional weeks of classes and homestay days before or after your scheduled program. For airport pick-ups, AmeriSpan must receive your arrival information at least 2 weeks prior to your start date.

Flight Packages: **You must let us know at least 8 weeks in advance to book a flight package (Peru, Ecuador, Honduras, Bolivia). You must submit the package fee with your flight details in order to book your spot.**

Satisfaction Guarantee

Your satisfaction is our main concern. If you are not satisfied, we'll pay for a week of group classes at the same program or another of your choice. To invoke the Satisfaction Guarantee, please submit a letter upon completion of your program which describes why you are dissatisfied with the language component of your program. We use this information to evaluate and improve the program for future participants.

Within 3 weeks, we will issue you a coupon for one week of group language classes (does not include lodging) at the same program or any of our other programs teaching the same language. You may use this free week of classes at any time in the future.

110% Price Guarantee

For purposes of invoking the 110% Price Guarantee, the other program's price needs to be at least \$10 less than AmeriSpan's published price AND the program needs to be comparable to AmeriSpan's program. For complete details refer to: http://www.amerispan.com/triple_guarantee.asp

Liability

While participating in this program, you may be exposed to certain risks. These exposures include, but are not limited to accident and/or sickness without readily available medical facilities, the forces of nature, travel in the air, travel on the ground, terrorism, and war. By signing the other side of this form you are assuming all these risks and agreeing to indemnify AmeriSpan Unlimited, their officers, directors, and employees harmless for any and all liability that may arise in connection with your participation in AmeriSpan programs outside of the United States.

Deposits & On-Site Charges

While participating in this program, you may be responsible for paying additional funds related to your own actions while on-site. Some schools will collect deposits upon your arrival while others will collect only if you incur these charges. Typical extra charges include: lost keys, property damage, overstay in your lodging, hosting overnight guests in your lodging, and lost books.

Behavioral Expectations

AmeriSpan's programs are geared toward adults. AmeriSpan cannot be responsible for providing supervision of any kind either through the schools or through the homestay families. Although many programs have options for students under the age of 16, no one under the age of 16, will be accepted into the program unless accompanied by an adult (exceptions made for special, supervised Teen Programs and Camps during the summer). In addition to the parent's signature on the front of the application, additional waivers may apply.

Participants are expected to be courteous and respectful guests. Illegal drug use or abusive behavior at any age or alcoholic consumption by minors cannot be tolerated. AmeriSpan reserves the right to refuse to serve, to cancel and/or terminate participation for any person who fails to comply with the policies of the program provider (e.g. school, tour operator, program organizer), or for any other reason deemed necessary, in the sole discretion of AmeriSpan. AmeriSpan further reserves the right, without escort and without refund to send home any participant who violates the rules stated above. The return trip will be at the expense of the participant or the participant's family.

Requirements and Hands-on Clinical Observation for the SALUD Programs

AmeriSpan has set some requirements (including Spanish level and background) to help you get the most out of your program. While we do our best with specialty area requests, we cannot guarantee an opportunity to observe or work exclusively in that field. However, you will be exposed to several medical situations through the service learning, lectures, and on-site visits and if you meet the requirements, you should be able to participate in the clinical observation. Not all locations offer hands-on experience. You will not be participating in surgeries.

I have read and agree with all the Terms and Conditions on this application.

Signature: _____ Date: _____