

## **IMPORTANT REGISTRATION STEPS**

- STEP 1** - Please complete the fillable PDF Registration Form by typing into the fields (followed on the next page) before printing.
- STEP 2** - Print the Release Form (see main page for link) and sign it.
- STEP 3** - \*Fax Completed **Registration Form** and signed **Release Form** along with a clear copy of the following:
- **Passport**
  - **Biography** (half page by Email to [ciber@fiu.edu](mailto:ciber@fiu.edu))
- STEP 4** - Please make check payable to **FIU-CIBER** and mail to:
- Center for International Business Education & Research (**CIBER**)  
Florida International University  
11200 SW 8th S, MARC 240  
Miami, FL 33199
- STEP 5** - \*Fax your flight itinerary information to Madrid as soon as you purchase the ticket.
- STEP 6** - \*Fax a copy of **Travel Insurance**  
Note: Participants are encouraged to purchase the travel insurance which covers emergency medical evacuation and repatriation of remains.
- STEP 7** - \*Fax a copy of **visa** as soon as you receive it. (If you are required to obtain a Visa)

\* Please fax all documents to FIU-CIBER at (305) 348-1789

For more information please contact us at (305) 348-1740 or email us at: [ciber@fiu.edu](mailto:ciber@fiu.edu)

***Please see Registration Form on next page.***



**Tenth Annual  
Spanish Language  
Faculty Development Program in SPAIN**  
*Teaching Spanish for Business: A Global Approach*

**June 5 - 11, 2009**

**REGISTRATION FORM**

***Fillable Form (Please type into the application)***

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Citizenship:** \_\_\_\_\_ **Passport number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Home Fax:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_  
**Univ. E-mail:** \_\_\_\_\_ **Secondary E-mail:** \_\_\_\_\_  
**University:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Work Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**MEDICAL INFORMATION**

**Physician Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Medications:** \_\_\_\_\_