

FFIPP: Educational Network for Human Rights in Palestine/Israel

Summer 2015 Seminars in Palestine/Israel
Registration Form

Enter the code number of the seminar(s) you wish to join:

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First Name:

Last Name:

Date of birth:

Gender:

Place of birth:

Permanent Address:

Current Address (if different)

Phone:

Email:

University/School

Select one: Faculty/teacher or student

Faculty/teacher

Student

Department:

Citizenship:

Passport number:

Please provide TWO Emergency contacts including cell phone numbers:

(Name, phone, email)

I)

II)

Your Health Information

Medical Insurance and Policy Number

Remarks on Special Health Needs

Please tell us about your interest and Goals in joining this FFIPP seminar

Please attach a copy of your CV.

For students only:

Please submit a copy of your transcripts (non-official copy will be accepted)

Signed: _____

Date: _____

info@ffipp.org

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