

REGISTRATION FORM
MONEY AND RESPONSIBILITY
JULY 14 - 20, 2019; CLARE COLLEGE IN CAMBRIDGE, UK

FEES:

The registration fee for the SIBF Money & Responsibility summer program at Cambridge University is \$3,500 per student. Registration is limited to 24 attendees on a first-come, first-served basis. This fee includes educational expenses, accommodations for six nights in historic dormitories, airport transfers, group recreational activities, attendee supervision and most meal functions. Charges for international airfare, passport and/or visa fees, and incidental expenses are not included. Of the \$3,500, \$1,000 is a non-refundable deposit. The balance of the program is due at the time of registration. Payment for this program can be made by check payable to SIBF. Please send this registration form and payment to:

SOCIETY OF INTERNATIONAL BUSINESS FELLOWS
ATTN: AMY KAM
715 PEACHTREE STREET NE, SUITE 200 - ATLANTA, GA 30308
TELEPHONE (470) 378-1153

INTERNATIONAL AIRFARE/DORM ROOMS:

Individuals are responsible for their own air arrangements for arrival into London and departure from London. Attendees should arrive in Cambridge (a two hour drive from London) by 10:00 am Sunday, July 14 and are free to depart Saturday, July 20. Please note: participants are required to check out of the dorm rooms no later than 9:00am. SIBF will arrange transportation for attendees to/from Cambridge to/from London airports. Please note that dorm rooms may have shared bathroom facilities.

CANCELLATION POLICY:

Because of SIBF financial commitments, the balance of the registration fee is non-refundable after Friday, March 29, 2019 regardless of circumstance (i.e., weather related, medical, business conflicts, family emergency, etc.). **Attendees are encouraged to purchase trip cancellation insurance.** Such insurance typically must be purchased within two weeks of initial program registration.

REGISTRATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED.

ATTENDEE NAME (AS YOU WOULD LIKE IT TO APPEAR ON NAMETAG) _____

AGE (AT THE TIME OF THE PROGRAM) _____

RELATIONSHIP TO SIBF MEMBER & NAME OF SIBF MEMBER (IF OTHER PLEASE LIST SCHOOL NAME) _____

ATTENDEE EMAIL ADDRESS _____

ATTENDEE CELL NUMBER _____

_____ ENCLOSED IS \$3,500; \$1,000 OF WHICH IS A NON-REFUNDABLE DEPOSIT

LIABILITY WAIVER: I agree and acknowledge that I am undertaking participation in SIBF events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and am, as a result, able to participate in SIBF events, and do hereby assume responsibility for my own well-being. Photographs and video taken may be used by SIBF for promotional purposes in print, electronic or other media, including the SIBF website. I grant SIBF the right to use my name and photograph in such purposes. **Signature(s) acknowledging the cancellation policy and liability waiver are required to process registration.**

ATTENDEE SIGNATURE _____

PARENT NAME (PRINT) & SIGNATURE _____

PARENT EMAIL _____

PARENT PHONE _____