



10TH YOUTH ASSEMBLY AT THE UNITED NATIONS

JANUARY 19-20, 2012 AT UN HEADQUARTERS NYC

Individual Travel Package Reservation Form

All Individuals participating in FAF Programs are kindly requested to provide the following information for planning purposes.

Please make sure all information is accurate and the form entirely complete before submitting!

PARTICIPANT INFORMATION

Full name (as it appears on your passport)

First	Middle	Family Name

Formal Acceptance Notice Number:

Citizenship:

Date of Birth:

mm / dd / yyyy

Gender: M
 F

Your Status: Delegate Chaperone Observer

Day phone:

Area Code	Phone Number

Email address:

Is your diet restricted due to religious considerations, allergies, health conditions or preferences?

Please check one of the following:

No restrictions

Vegetarian – specify:

Kosher

Other – specify:

PACKAGE PREFERENCES

I reserve the following package (please check the box for your desired package):

Basic Conference Package (January 18-21, 2012)

Big Apple Conference Package (January 18-23, 2012)

Big Apple Bonus Conference Package (January 18-24, 2012) (please check one of the below two boxes)

D.C. Exploration

Ivy League Colleges Exploration

Please choose your accommodation room occupancy:

Single

Double (please check one of the below two boxes)

Have a roommate in mind; roommate's name* (Last, First)

*Please make sure a full booking is submitted for your roommate as well!

Do not have a roommate in mind, but request us to assign one**

**If no roommate is available, we will notify you by email. Subsequently, you will be required to upgrade to single occupancy and pay the surcharge.

Do you wish to deviate from the group's travel plans (such as extending your stay)?

No

Yes, please elaborate briefly

(We will contact you to discuss the details)

PAYMENT METHODS

Credit Card*

Please note that a 5% credit card processing fee will be added for all credit card payments.

Visa MasterCard American Express Discover

Name (as it appears on the card)

Credit Card Number

Expiration Date

Security Code

Zip Code

Please specify:

I would like to pay the deposit amount of **\$200** per person

I would like to pay the full amount

I authorize Friendship Ambassadors Foundation to charge the processing fee on my credit card.

Signature of Card Holder

Name in Block Letters

*For reservation by credit card, please send:

1. A copy of the picture ID of the credit card holder (credit card holder has to be from the same country as the applicant)
2. A copy of the credit card, front and back

Wire Transfer*

From an international bank, please remit to:
JP Morgan Chase Bank
Routing No.: 021 000 021
Swift Code: CHASUS 33
Account No.: 6021 012 844

From a domestic bank, please remit to:
JP Morgan Chase Bank
Routing No.: 021 000 021 (wire)
021 202 337 (deposit)
Account No.: 6021 012 844

BENEFICIARY:

Friendship Ambassadors Foundation, Inc.
299 Greenwich Ave, Greenwich, CT 06830

*For reservation by wire transfer, please:

1. Send a copy of your wire transfer receipt

Check/Money Order from United States*

Make checks/money orders payable to:

Friendship Ambassadors Foundation, Inc.
299 Greenwich Ave
Greenwich, CT 06830

AGREEMENT

By signing and submitting this form, I acknowledge that I am familiar with and accept the **Terms and Conditions** posted here: <http://faf.org/main/annual-youth-assembly-at-the-un/assembly-program-annual/terms-and-conditions>.

I agree to pay \$ the total cost for my travel package, and shall include a **\$200** per person non-refundable deposit. I understand that no reservation will be accepted until the deposit has been received by Friendship Ambassadors Foundation. I also understand that the final payment is due by December 30, 2011, and that any reservation not paid in full by this date will be released and given to wait-listed participants.

Sign Today:

Applicant's signature

Date