

Fees that will be collected by the CIEE International Representative, CIEE or the U.S. government.

Fee	Amount (please specify currency: )	Inclusions
Program fee		<ul style="list-style-type: none"> <li>• Application fee</li> <li>• Agent support pre-departure</li> <li>• U.S. Sponsor support</li> <li>• Orientation</li> <li>• Insurance Plan (for policy details visit <a href="http://ciee.org/insurance">ciee.org/insurance</a>)</li> <li>• Screening for program</li> <li>• English eligibility test</li> <li>• Administrative costs</li> <li>• Translation of documents</li> </ul>
SEVIS fee		<ul style="list-style-type: none"> <li>• U.S. government administrative cost</li> </ul>
Visa interview fee		<ul style="list-style-type: none"> <li>• U.S. government administrative cost</li> </ul>
Promotion		<ul style="list-style-type: none"> <li>• Discount</li> </ul>
Placement fee		<ul style="list-style-type: none"> <li>• All costs related to finding a placement</li> </ul>
Expedite fee		<ul style="list-style-type: none"> <li>• Expedited forms and/or application review</li> </ul>
Housing fee		
Transportation fee		
Other services		
Total fees (excluding airfare)		
Flight (estimated cost)		<ul style="list-style-type: none"> <li>• Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)</li> </ul>
Cancellation Policy:		

Other program costs and pricing notes:

### Participant Fee Agreement

I confirm that I have reviewed the complete pricing information in this document and fully understood the costs of the program before I paid a non-refundable deposit. I understand that wages may not cover the entirety of program and living expenses and that I should have access to additional personal funds.

**Name** (printed):

**Signature:**

**Date** (DD/MM/YYYY):