

**XVII Global Connections Seminar**

**January 12–19, 2016, DC, India**

**Registration Form**

***To reserve a place at the seminar, kindly complete the Registration Form and the Medical Insurance Statement by June 30, 2015 and email it to*** [***induk1967@gmail.com***](mailto:induk1967@gmail.com)

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| --- | --- | --- | --- | --- |
| Name of the Institution |  | | | |
| Name of the Delegate |  | | | |
| Title |  | | | |
| Passport No. |  | Date of expiry | |  |
| Place & Date of Issue |  | | | |
| Nationality |  | | | |
| Blood Group |  | | | |
| Gender (Tick one) | Female | | Male | |
| Email |  | | | |
|  | Mailing Address |  | | |
| Telephone(including  International code) |  | | |
| Mobile Number |  | | |
|  | Fax |  | | |
| Emergency Contact  Person |  | | | |
| Emergency Contact No. |  | | | |
| Dietary requirements | Vegetarian  Non vegetarian  Any special requirement ---------------------------------------------------- | | | |
| Allergies (if any) Please give details |  | | | |
| Medical History  (operations or serious illness) |  | | | |
| Are you taking any medication that we need to know of |  | | | |
| T-Shirt Size (Please indicate) | Small  Medium  Large  XL  XXL  3XL | | | |
| *-****Please attach a scanned copy of the passport for the invitation letter for the visa*** | | | | |

***The Seminar commences with registration at 3:00 p.m. on Tuesday, January 12, 2016 in Mumbai and concludes on Monday evening, January 18, 2016 in Indore. Flights back home should be booked from Tuesday morning, January 19, 2016 from Indore.***

**Seminar Fees:**

**For delegates from outside India**: $2500 USD per person – due by June 30, 2015.

**For invitees from India:** Rs. 90, 000/-per person – due by June 30, 2015.

The comprehensive fees for the seminar includes hotel accommodations in Mumbai and Indore, air travel from Mumbai to Indore, all meals, beverages, excursions, activity fees and seminar sessions. Travel to Mumbai and from Indore is the responsibility of individual delegates.

**Financial Aid & Sponsorships:**

Financial aid, as always, will be available to those whose schools cannot afford the full fee. Applications for financial aid should be made to Malcolm McKenzie at [malcolm.mckenzie@keystoneacademy.cn](mailto:malcolm.mckenzie@keystoneacademy.cn)

**Payment Instructions:**

**From outside India:**

**Bank wire payments must be made in US dollars** **of which $2000 USD to be paid directly to Daly College (DC) and $500 USD to the Keystone Academy Global Connections Fund, China.** Instructions for wire payments and bank account information will be sent directly to each seminar attendee via email.

**Payment by cheque (DC)**: Foreign cheques are not acceptable due to high bank clearing fees.

**From within India:**

**Bank wire payments must be made in Indian Rupees.** Instructions for wire payments and bank account information will be sent directly to each seminar attendee via email.

**Payment by cheque**: Cheques drawn on INR should be made payable to **Principal, Daly College** and couriered to:

The Principal

Daly College,

1, Residency Area,

Indore 452 001,

Madhya Pradesh,

India.

**Payment Policies**:

* All payments must be received by **June 30, 2015**
* Funds wired must cover wire transfer fees so that the amount received is the total amount of the seminar registration fee.
* Credit card payments are not accepted.
* **Full registration fee is non-refundable once paid.**

**MEDICAL INSURANCE STATEMENT**

All delegates must be responsible for having adequate medical coverage for the duration of their participation in the Global Connections Seminar. Neither the Global Connections Foundation, nor the participating host school, including their Principal, directors & officers, will be held liable for any illness or injury sustained during the course of the Seminar. Having adequate medical and other travel insurance coverage is the full responsibility of each participant.

Please sign below to verify that you have read and acknowledged the above statement and that you will comply with this requirement. Thank you.

Printed name: ………………………………………….,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Signature: ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, Date: ……………………………………………….

**\*\* Disputes if any will be taken up in the judicial jurisdiction of Indore.**

**Please complete all four pages of this form and send via courier or email to:**

Indu Kapoor

Dean Pre- Primary & Global Connections Coordinator, DC

Daly College

1, Residency Area

Indore -452 001

Madhya Pradesh

India

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Phone: + 91 9303 223286