

Registration Form
Rainforest Exploration Workshop 1st to 3rd April 2011

Contact and General Information

Full Name	
Address	
Phone	
Date of Birth	
Gender	
Email Id	
How did you get to know about this workshop?	

Medical and Emergency Contact Information

Please state any information you wish to share with us regarding your health and medical needs.	
Please specify if you are allergic to any substance, food or medicine.	
If you are currently under any medication, please mention all details and ensure that it is carried with you on the program If you prescribed glasses, please ensure that you have an extra pair for the program.	
Please provide name and contact details of individual to be contacted in case of emergency	Name: Contact Number:

Program Rate and details: This all inclusive package will cover food, accommodation and faculty charges. It also includes local transport, equipment and the materials provided to you during the program. Travel to and from Agumbe is not included. The programme will cost Rs 2,500 per participant per day. If you would like to know more about the program you may write to us at arrs.india@gmail.com. Or naren.arrs@gmail.com. Registrations are open and the number of participants is limited. Applications will be considered on a first come first serve basis.

Payment should be done through an online bank transfer, cash deposit or by DD in the name of 'Draco Trust'. Please note that cancellation charges are applicable, any cancellations from the 25th of March onwards is non refundable, cancellations before the 25th of March will forfeit half of the program fee.

Bank details:

Draco Trust,

Syndicate Bank, Agumbe.

A/c no: 19093070000042

NEFT code: SYNB0001909

To the best of my knowledge, the information I have provided on this application is accurate and up to date.

I accept full responsibility for any contingency/ injury borne by me in the field or during my stay at ARRS and will not hold ARRS, its staff, contractors and personnel responsible for the above.

By signing this application, I agree to abide by all of the policies and procedures outlined to me by ARRS.

Signature:

Date:

Place: