

Lessons and Legacies tour of Indochina (application to be completed by each prospective participant)

1. Name on passport _____
(last) (first) (middle)
2. Address _____
3. Home phone (____) _____ Work (____) _____ Fax: (____) _____
E-mail: _____
4. Date of Birth (day) ____ (month) ____ (year) ____ Birthplace (state/country) _____
5. Sex: Male Female Citizenship: US other _____
6. Passport Number _____ Place of issue _____
Date of issue (day) ____ (month) ____ (year) ____ Expiration Date (day) ____ (month) ____ (year) ____
7. Current or previous job title and employer (if retired, indicate when):

8. If affiliated with a cosponsor, please indicate FRD ASA
Other Indochina related affiliations _____
9. Countries you wish to visit Vietnam Cambodia Laos
10. Previous experience in Indochina and/or with refugees, if applicable (countries, approximate dates, reason)
11. Experience in the anti-war movement, if applicable
12. Special interests you would like to pursue during the trip
13. Have you attached a letter about why you wish to participate in the Lessons and Legacies tour and any thoughts about follow-up after returning to the US? yes no e-mailing separately to shammond@ffrd.org
14. Please note any language you speak other than your own and circle your proficiency in that language.
Language _____ Excellent Good Fair Poor
15. Do you any have particular diet, health, allergies or medical conditions that require special consideration?
 Yes No If yes, please specify (e.g., vegetarian, drug reactions, mobility limits, recent surgery)

16. If traveling with someone else please indicate: name _____
relationship _____ if a minor, age _____ shared hotel room separate hotel room
17. Emergency contact in the US: name _____ relationship: _____
state ____ home phone (____) _____ work (____) _____ e-mail: _____
18. Deposit Enclosed is a check for \$500 payable to the "Fund for Reconciliation and Development", or
 Charge \$525 to my AmEx MC Visa card number _____ exp. date _____
(if accepted, \$200 is a non-refundable deposit; if not accepted, check will be returned or no charge will be made)

I have read the agreement provided with this application and accept its terms.

Signature _____ Date _____

Print out and mail by March 1 to Fund for Reconciliation and Development, 355 West 39th St., New York, NY 10018 or fax to 212-760-9906 or copy and format as a Word document, complete and return as attachment to shammond@ffrd.org