

**ROCKY VISTA UNIVERSITY AND DOCARE INTERNATIONAL
 MEDICAL OUTREACH – GUATEMALA
 JANUARY 1-10, 2010
 REGISTRATION FORM**

Full Name As on Passport		SEX:
		M ___ F ___
Passport Number		
Mailing Address		Cell phone
		Home phone
Email Address		Office phone

HEALTH CARE PROVIDERS ONLY: AREA(S) OF SPECIALTY _____ LICENSE # _____ STATE _____ (PLEASE ENCLOSE COPY) WOULD YOU BE WILLING TO PRESENT A CME TOPIC? _____, IF YES, WHAT? _____
STUDENTS ONLY: M1___ M2___ M3___ M4___ OTHER_____ INSTITUTION _____

EMERGENCY CONTACT:		
PHONE:	RELATIONSHIP:	EMAIL:

Spanish proficiency (fluent, intermediate, none) _____
 Previous medical mission experience? ___ If yes, where _____
 POLO SHIRT SIZE: S ___ M ___ L ___ XL ___ XXL ___

Mail application, signed waiver of liability, practicing license if applicable, and full payment of \$650.00 to the address below. Slots will be filled first come, first serve.
 Price includes ground, water transportation, and lodging (2- 4 occupancy), some meals, guides, security and translators while out of country. Group size is limited to 40, private rooms avail at additional cost. Unfortunately there will be no refunds after Nov. 30th, 2009. Make check payable to RVU. You will receive notification of your status upon receipt of your completed registration and payment.

MAIL TO:

**CAMILLE Z. BENTLEY D.O., Administrative and Medical Coordinator, GUA.
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