

**A REVOLUTIONARY PERSPECTIVE ON EDUCATION
JULY 14-23, 2017**

REGISTRATION AND PAYMENT PROCESS

To reserve a space in this program, please fill out this form and return it to either Isabel Carretero at FIU (icarrete@fiu.edu) or Katrina Dillon at UNM (kdillon@unm.edu) along with the **\$500 non-refundable deposit** by April 14, 2017. The full program fee is due May 12, 2017, along with signed affidavits.

Payment is accepted in the form of personal checks (provided they have a current address and phone number); cashier's checks; money orders; and by credit card. To pay by credit card, visit <http://tiny.cc/laii-cuba-payment> and select either "deposit" to pay the \$500 fee or "program fee" to pay the amount in full.

IMPORTANT INFORMATION FOR CUBAN-BORN APPLICANTS

- **Cubans who immigrated to the U.S. after 1970** must apply for a Cuban passport even if they are U.S. citizens. Obtaining a Cuban passport is estimated to take approximately 4-6 months. The passport costs \$430 each 6 years and there is a \$230 fee every 2 years so it remains active.
- **Those who left the island prior to 1970** can use their U.S. passport but must apply for an HE-11 visa, which costs \$250 and only lasts 90 days. Currently, H1 visas are taking between 3-4 weeks for approval.

REGISTRATION INFORMATION

Name _____
(First Name, Middle Name, Last Name – as they appear on your passport)

Mother's Maiden Name _____

Address _____
Street Address, City, State, Zip

Phone _____

E-mail _____

Emergency Contact _____
(Name, Phone Number, and Relation)

Date of Birth _____

Passport Number _____

Country and Date of Issue _____

If applying for the educator's subsidized rate of \$2,195, please indicate:

Name of School or Institution _____

Job Title _____

Direct Supervisor's Name
and Contact Information _____

ACCOMMODATIONS

Please select one.

If possible, assign me a roommate.

I prefer to share a room with _____

I prefer a single room with the additional cost.

I am a Smoker Non-smoker

SPECIAL NEEDS

Please let us know if you have any special dietary needs, medical conditions, or disabilities that may affect your participation in this program.

TRIP EXPECTATIONS

Please briefly describe your expectations for this program.