

TRAVEL ABROAD REGISTRATION FOR INTERNATIONAL SOS
COVERAGE

Name: _____

Email address: _____ Ext. _____

Where will you be traveling? (Include all trips abroad you intend to take this academic year.)

When will the travel take place? (Please provide actual or estimated dates for each overseas trip.)

Provide a brief description of your travel plans:

Person to be notified in case of serious accident/illness:

Telephone:

PLEASE RETURN TO THE OFFICE OF INTERNATIONAL PROGRAMS, GILL
HOUSE, EXTENTION 8282