

**Michigan State University  
College of Nursing Friendship Tour  
Application for London 2003  
May 5, 2003 – May 16, 2003**

Name: (Must match name as it reads on passport) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Health Restrictions: \_\_\_\_\_

Medications: (If no medications or health restrictions, please write "NONE") \_\_\_\_\_

Emergency Contact(: Name) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Passport Number: (Passport will be necessary) \_\_\_\_\_

**TERMS**

**ALL PARTICIPANTS** will be required to sign a contract limiting the liability of Michigan State University College of Nursing, Carriage Travel, Inc. and escorts. Carriage Travel, Inc. strongly recommends trip cancellation insurance, as all payments are non-refundable. Insurance will cover cancellation charges in the event of illness and some terrorist activities (see policy).

Applicants will be accommodated based on space availability. A maximum of 20 applications will be accepted.

Cost includes airfare from Detroit Metro, airport transfers, hotel accommodations, breakfast at hotel; city tour; St. Thomas' pre-WWI Operating Theatre; Embley Park, Salisbury, Parliament, Hampton Place, welcome dinner; farewell dinner; theatre ticket; and Stonehenge. Rates subject to change if currency fluctuation is more than 2%. Contact hours are included.

A \$500 non-refundable deposit must accompany this application. Make check payable to CARRAGE TRAVEL, INC.

Payment Plan:	Deposit due January 15, 2003 – (Check Only)	\$ 500.00	NON-REFUNDABLE
	Remaining due March 1, 2003	\$2,125.00	NON-REFUNDABLE

Final payment can be made by credit card.

Visa or MasterCharge Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Tour price is based on double occupancy. Single occupancy is \$800 additional. All payments are non-refundable.

25 contact hours are offered for this trip: \_\_\_ Yes, I am interested in contact hours.

I hereby certify that the above information is correct. I understand that the rate for the land and air portion of the tour is \$2,625. I agree to pay a deposit of \$500 by 15 January 2003. I agree to pay the final payment of \$2,125 by March 1, 2003. I further understand that these payments are NON-REFUNDABLE once paid and that Carriage Travel, Inc recommends travel insurance.

\_\_\_\_\_  
Participants Signature      **\*\*\*REQUIRED\*\*\***      Date: \_\_\_\_\_

Questions please contact:

Pamela Schoen, Alumni Office, MSU College of Nursing  
A 217 Life Sciences Building, East Lansing, MI 48824  
Phone: (517) 432-0670 Fax: (517) 353-9553, Email: pam.schoen@ht.msu.edu

Participants who attend the entire session and complete the evaluation form will receive a certificate for 25 credit hours. Michigan State College of Nursing is approved as a provider of continuing education credits in nursing by the Michigan Nursing Association, which is accredited by the American Nurses Credentialing Center Commission on Accreditation.