



# Med-Aid ARMENIA

## June 25 - July 8, 2026

### Registration Form



|   |             |                          |            |                           |
|---|-------------|--------------------------|------------|---------------------------|
| First Name  | Middle Name | Last Name                | Birth Date | Citizenship               |
| Passport Number   |             | Passport Expiration Date |            | Passport Country of Issue |
| What is your profession? <span style="float: right;">Specialty/Skills?</span>   |             |                          |            |                           |
| What is your knowledge of the Armenian Language? <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Passable <input type="checkbox"/> Fluent |             |                          |            |                           |
| Do you speak and/or understand any other foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what language?                                       |             |                          |            |                           |
| Have you ever been to Armenia? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?  |             |                          |            | Scrub top size:           |

#### Contact Information

|                  |               |               |                                 |
|------------------|---------------|---------------|---------------------------------|
| Street Address   |               | City          | State Zip                       |
| Telephone Number | Mobile Number | Email Address | Do you use Facebook, Instagram? |

#### Accomodations

|   |   |   |                  |                                    |
|---|---|---|------------------|------------------------------------|
| <input type="checkbox"/> Single Occupancy | <input type="checkbox"/> Double Occupancy | <input type="checkbox"/> Family Occupancy | Number of People | <input type="checkbox"/> On my own |
|---|---|---|------------------|------------------------------------|

#### Alternate/Emergency Contact Person

|                     |              |              |               |
|---------------------|--------------|--------------|---------------|
| First and Last Name | Relationship | Phone Number | Email Address |
|---------------------|--------------|--------------|---------------|

#### Additional Information

|   |                       |
|---|-----------------------|
| Do you have any health problems or allergies we should know about or that would preclude you from certain activities? If so, please describe. |                       |
| Are you currently taking any medicine we should be aware of? If so, what?   | Are you a vegetarian? |

#### Payment Information

|  |   |
|--|---|
| \$1,500 per person for all in-country expenses including, most food, transportation and tours. This does not include lodging and flights. Must be paid by check, credit card, online or money order payable to The Paros Foundation, 2217 5th St., Berkeley, CA 94710. | Upon receipt of your completed registration, interview and payment, we will contact you to confirm your participation. If you have any questions about Med-Aid ARMENIA, please contact us at (310) 400-9061 or via email at <a href="mailto:info@parosfoundation.org">info@parosfoundation.org</a> . Cancellations after April 15, 2026 are subject to a cancellation fee. By signing this registration form, participants and their families agree to hold harmless The Paros Foundation, its staff and agents, and any program associated with it, against any incident that may arise during the time the participant is part of the Med-Aid ARMENIA. Participant will be financially responsible for any loss due to theft or damage to property as a result of their activities while on the Med-Aid ARMENIA trip. |
|--|---|

#### Signatures and Date

|                    |           |      |
|--------------------|-----------|------|
| Participant's Name | Signature | Date |
|--------------------|-----------|------|

Application deadline is **March 1, 2026**.

Please send your completed registration and payment as soon as possible.

Please return registration form, passport copies, airline itineraries and required fee to:

The Paros Foundation, 2217 5th St., Berkeley, CA 94710.

For more info please contact: [info@parosfoundation.org](mailto:info@parosfoundation.org)