

# 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?		Specialty/Skills?		
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?

#### Accommodations

<input type="checkbox"/> Single Occupancy	<input type="checkbox"/> Double Occupancy	<input type="checkbox"/> Family Occupancy	_____ Number of People	<input type="checkbox"/> On my own
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#### Alternate/Emergency Contact Person

First and Last Name	Relationship	Phone Number	Email Address
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#### 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

#### Additional 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 info@parosfoundation.org. 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.
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#### Signatures and Date

Participant's Name	Signature	Date
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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