



IACE TRAVEL

ASIA DIVISION OFFICE

3655 Torrance Blvd. Suite 100, Torrance, CA 90503
Phone: 310-533-6450
Toll Free: 866-735-4223
Fax: 310-533-6498
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**East Los Angeles College Summer Program in Japan
Emergency Information**

The information requested below will be used only in case of emergency and is limited to the duration of your participation in the sponsored program. The information will be kept confidential and will be destroyed upon completion of the program.

Program dates: _____

Participant name: (as it appears on passport) _____

Home address: _____

Home telephone: _____ Cell/other #: _____

Email address: _____ Passport #: _____

Date of birth: _____ Place of birth: _____

Gender: ___ Male ___ Female

EMERGENCY CONTACTS

First Contact

Name: _____ Relationship: _____

Address: _____

Home telephone: _____ Cell/other #: _____

Business telephone #: _____ Email address: _____



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EMERGENCY CONTACT

Second Contact

Name: _____ Relationship: _____

Address: _____

Home telephone: _____ Cell/other #: _____

Business telephone #: _____ Email address: _____

I understand that if any of this information changes it is my responsibility to notify the director/s and IACE TRAVEL.

Signature

Date

Please send completed form to:

**IACE TRAVEL Asia Division
3655 Torrance Blvd., Suite 100
Torrance CA 90503**