



Program Logistics for Faculty Led Programs Abroad (FLPA)

Name of Program:

Faculty Program Director:

Dates of Program From: _____ To: _____

Location of Program:

Name of Preferred Travel Agent: _____

..... Phone: _____

..... Emergency Phone: _____ Email: _____

In Country Contact(s): _____

Faculty Contact Info While Abroad: ..

Phone: _____ Cell phone: _____

..... E mail: _____

Preferred Site Information (hotel): Name: _____

Address: _____

Phone:

E Mail: _____

..... Website: _____ Fax:

U.S. Embassy/ Consulate: _____

..... Address: _____

..... Phone: _____

After



Local Police: Name: _____

Phone: _____ Fax: _____

Email: _____

Local Fire: Name: _____

Phone: _____ Fax: _____

Email: _____

HEALTH CARE: Is cash needed? Yes No (Fax:) () () () ()

Email: Email: _____

English Speaking Dentist: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Psychological Services available in English: _____

Address: _____

_____ Fax: _____

Phone: _____ Email: _____