



## *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: )  ( )  ( )  ( )  ( )

English Speaking Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Psychological Services available in English: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_