

Alumni Journeys The Johns Hopkins University Alumni Journeys Travel Program

The following information is requested from each passenger who is participating in a tour sponsored by the Alumni Relations Office.

Please answer the following questions.

First passenger

Last name Title (Mr.,Ms.,Dr.,etc.)

First name Middle

Maiden name Nickname

Personal/Professional (MD,PhD,Esq.) Birth date

Residence address

City State Zip code

Home phone Home e-mail

Do you have an Internet homepage address? Yes No

If yes, print here: http:// _____

Profession/Occupation/Professional Title

Business address

City State Zip code

Business phone

Business e-mail

Preferred address (Where do you want your Hopkins mail sent?):

Home Business

1st JHU degree Division Major Year

2nd JHU degree Division Major Year

3rd JHU degree Division Major Year

Preferred class year for reunions _____

Other higher education excluding Hopkins:

Institution

Degree Major Year

Second passenger

Last name Title (Mr.,Ms.,Dr.,etc.)

First name Middle

Maiden name Nickname

Personal/Professional (MD,PhD,Esq.) Birth date

Residence address

City State Zip code

Home phone Home e-mail

Do you have an Internet homepage address? Yes No

If yes, print here: http:// _____

Profession/Occupation/Professional Title

Business address

City State Zip code

Business phone

Business e-mail

Preferred address (Where do you want your Hopkins mail sent?):

Home Business

1st JHU degree Division Major Year

2nd JHU degree Division Major Year

3rd JHU degree Division Major Year

Preferred class year for reunions _____

Other higher education excluding Hopkins:

Institution

Degree Major Year

Do you have children? Yes No / If yes, JHU alumni?

Child's first/middle name Last name Age Gender(M/F)

Child's first/middle name Last name Age Gender(M/F)

Child's first/middle name Last name Age Gender(M/F)

Do you have grandchildren attending JHU? Yes No

If so, names: _____

Marital status: Single Married Companion

Divorced Widowed

Spouse/Companion Last Name First/Middle/Maiden

College/University of spouse/companion

Degree Year Division Year

Family members who attended Johns Hopkins (*other than spouse*):

Name Relationship Year

How would you rate the impact of your Hopkins education on your life and career?

Invaluable Helpful Somewhat helpful No impact

Would you recommend Johns Hopkins to your or another precollege-age child? Yes No

Why or why not? _____

Hobbies/Interests

Volunteer activities, memberships and affiliations

Birthday, anniversary, etc., being celebrated during this trip?

Do you have any health/other needs that require accommodation?

No Yes If yes, please explain:

Person to contact in case of an emergency (*include phone number and relationship to both passengers*)

Why did you sign up for this trip?

What are your expectations for this trip?

Do you have children? Yes No / If yes, JHU alumni?

Child's first/middle name Last name Age Gender(M/F)

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Why or why not? _____

Hobbies/Interests

Volunteer activities, memberships and affiliations

Birthday, anniversary, etc., being celebrated during this trip?

Do you have any health/other needs that require accommodation?

No Yes If yes, please explain:

Alumni Journeys The Johns Hopkins University Alumni Journeys Travel Program

Johns Hopkins University — Release

Trip/Date: _____

Each travel participant is required to read and sign the following agreement as a condition of participating in the travel program.

The undersigned have read the schedule of activities for the trip named above and accept any and all risks thereof. The undersigned recognize and agree that Johns Hopkins University has no control over the travel, the accommodations, or the dangers and risks associated with this travel program.

The undersigned recognize and acknowledge such travel can result in personal injury, accident, illness, death, loss of personal property, or other contingencies that may befall participants while being involved with the program, all matters over which Johns Hopkins University has no control. The undersigned agree to indemnify and hold harmless Johns Hopkins University and its officers, faculty, and staff from liability of any kind, including but not limited to delays, inconveniences, injuries, or death, or for the loss of or damage to their personal property, however occurring during this tour, or related to this tour.

This agreement is for the benefit of Johns Hopkins University only. Third parties, such as common carriers, hotels, and travel agents, are not released from liability for their acts by this agreement.

This agreement is covered by the laws of the state of Maryland without regard to the conflict of laws, provisions, and principles of Maryland law.

1. _____
Traveler's signature Date

1. _____
Traveler's printed name

Please indicate your choice of travel gift.

- _____ Luggage Strap
- _____ Luggage Tag
- _____ None

2. _____
Traveler's signature Date

2. _____
Traveler's printed name

Please indicate your choice of travel gift.

- _____ Luggage Strap
- _____ Luggage Tag
- _____ None