

**Samshvilde Archaeological Expedition's  
Summer School in  
Archaeology and Bioarchaeology 2019  
REGISTRATION FORM**



**PERSONAL INFORMATION**

FULL NAME: ..... SEX: M  F

DATE OF BIRTH: *(yyyy-mm-dd)* ..... CITIZENSHIP: .....

PASSPORT NUMBER: ..... EXPIRY DATE: .....

Do you need a visa to travel to Georgia? If so, what are the application procedures? *(Please check on your country's immigration website.)*  
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**INSURANCE INFORMATION** *(This information may be provided later if you are not insured at the time of application.)*

Insurance company: ..... Policy number: .....  
International phone number provided by your insurer: .....

LANGUAGE(S) SPOKEN AND PROFICIENCY: *(Beginner, intermediate, advanced or native speaker)*  
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**CONTACT INFORMATION**

APPLICANT'S ADDRESS	EMERGENCY CONTACT'S ADDRESS
Street + number: .....	Full name: .....
Postal/Zip code: .....	Street + number: .....
City: .....	Postal/Zip code: .....
Province/State: .....	City: .....
Country: .....	Province/State: .....
Telephone no – Residential: .....	Country: .....
Mobile: .....	Telephone no – Residential: .....
Work: .....	Mobile: .....
E-mail address: .....	Work: .....
	E-mail address: .....
	Relation to applicant: .....

**ACADEMIC INFORMATION** *(If applicable)*

UNIVERSITY: ..... DEGREE SOUGHT: .....

PROGRAM: ..... YEAR OF STUDY: .....

EXPERIENCE IN ARCHAEOLOGY OR BIOARCHAEOLOGY: *(Ex. courses, practical or field experience, volunteering, museum work)*

**SPECIFIC INTERESTS IN ARCHAEOLOGY OR BIOARCHAEOLOGY:**

*(Ex. a certain chronological period, geographical area, type of material, culture, theoretical approach, methodology...)*

**ADDITIONAL INFORMATION**

DIETARY REQUIREMENTS: .....

MEDICAL CONDITIONS, ALLERGIES OR MEDICATION: *(You may discuss this privately with David or Isabelle if you prefer)*

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- I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVEMENTIONED INFORMATION CONCERNING RISKS ABOUT TRAVELLING TO GEORGIA. I UNDERSTAND THAT, ALTHOUGH EVERY PRECAUTION WILL BE MADE TO ASSURE TRAINEES' SAFETY, SAMSHVILDE ARCHAEOLOGICAL EXPEDITION CANNOT GUARANTEE MY ABSOLUTE SAFETY CONCERNING ISSUES OUT OF OUR CONTROL. I WILL USE PRECAUTION DURING ALL ACTIVITIES DURING THE SUMMER SCHOOL
- I HAVE MADE THE PROJECT DIRECTORS AWARE OF ANY HEALTH OR MEDICAL ISSUE THAT MAY AFFECT MY PARTICIPATION IN THE SUMMER SCHOOL
- I WILL INFORM MYSELF OF ALL NECESSARY TRAVEL DOCUMENTS (PASSPORT, VISA) AND PROCURE THEM **BEFORE** TRAVELLING TO GEORGIA

<b>SIGNATURE</b>		<b>DATE</b> <i>(yyyy-mm-dd)</i>	
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*\*Please send your filled application form to [info@samshvilde.ge](mailto:info@samshvilde.ge) before **February 22<sup>nd</sup>, 2019***