

**T.W. LORD & ASSOCIATES**  
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**STUDY ABROAD APPLICATION FORM**

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**Full Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**US Institution:** \_\_\_\_\_ (check one) **student / faculty / other**

**Program Name:** \_\_\_\_\_

**Visiting Country:** \_\_\_\_\_

**Program Dates:** \_\_\_\_\_ to \_\_\_\_\_ (mm/dd/yy)

**Request Dates of Coverage:** \_\_\_\_\_ to \_\_\_\_\_ (mm/dd/yy)

**Number of Day/s:** \_\_\_\_\_ **Day/s** - include your departure and/or arriving date

**Total Premium:** \$ \_\_\_\_\_ .00 (\$1.00 per day for the participant)

**Method of Payment:**

**Check:** Please mail to the above address along with this form

**Credit Card (VISA – MC – AMEX):** Please mail, fax or Email.

**Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_/\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_