

RISK MANAGEMENT INFORMATION

Submit completed form to Dania Brandford-Calvo. We recommend that you provide a copy to each participant and/or group leader.

Program Name: _____

Faculty Program Director: _____ Dates of Program: _____

Location of Program: _____

U.S. Department Country Advisory Level: _____

FLP Director Contact Information Abroad:

Phone: _____ Cellphone: _____ Email: _____

Address (hotel, dormitory, other):

Phone: _____ Email: _____

Website: _____ Fax: _____

Nearest U.S. Embassy/Consulate:

Address: _____

Office Hours Phone: _____ After Hours Phone: _____

Email: _____ Fax: _____

Nearest Local Police Station:

Address: _____

Phone: _____ Fax: _____



