



**International Partnerships Among Museums
2003 - 2005 Cycle**

Personal Data and Emergency Contact Information Form

Personal Data

Last (Family) Name _____ First Name _____

M ___ F ___ Date of Birth ___ / ___ / ___ Place of Birth _____

Country of Citizenship _____ Passport # _____

Home

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

Work

Institution _____

Professional Title _____ Department _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

IPAM Partner

Last (Family) Name _____ First Name _____

Institution _____

Professional Title _____ Department _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

EMERGENCY CONTACT INFORMATION

Personal Contact

Last (Family) Name _____ First Name _____

Relationship to Participant _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Day Phone _____ Evening Phone _____

Fax _____ Email _____

Work Contact

Last (Family) Name _____ First Name _____

Institution _____

Professional Title _____ Department _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

Host Residence/Hotel during the Exchange

Name of Host/Hotel _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

Return this form twelve weeks prior to travel to:

IPAM

American Association of Museums

1575 Eye Street NW, Suite 400

Washington, DC 20005

1.202.289.9115

Fax: 1.202.289-6578

ipam@aam-us.org