

NAREA TRAVEL FORM

Please return completed form to narea@reggioalliance.org no later than 45 days prior to program start date.

Contact Information

Organization/School Name _____

Name (as it appears on your passport) _____ Preferred First Name _____

Date of Birth _____ Place of Birth _____ Nationality _____

Address _____ Country _____

City _____ State/Province _____ Postal Code _____

Email _____ Phone (mobile) _____

Is your mobile phone connected to WhatsApp? Yes No

Emergency Contact Name _____ Emergency Contact Phone (mobile) _____

General Information

What is your professional profile? (Infant-Toddler Teacher, Preschool Teacher, Primary Teacher, Administration, University, or Other) _____

How many years have you studied the Reggio Emilia Approach? 0-4 5-9 10-19 20+

How many previous visits to this city have you made? _____

Lodging Information (only complete section that applies to your travel)

Reggio Emilia Study Groups

If you booked a double room, please indicate roommate preference.

Name (first and last) _____ Please select for me

Stockholm and Pistoia Global Learning Journeys

Local Hotel Name _____

Address _____

Hotel Phone _____ Check-in Date _____ Check-out Date _____