NAREA TRAVEL FORM

This form must be completed by each individual participant. Please return to narea@reggioalliance.org

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? (Parent, Teacher, Atelierista, Pedagogista, Director, Administrator, Consultant, University, Other) _____

What age group do you work with? (Infant-Toddler, Preschool, Primary, Adults, Other) _____

How many years have you studied the Reggio Emilia Approach? 0–5 ◯ 6–10 ◯ 11–20 ◯ 21+ ◯

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

Lodging Information (NAREA will do everything possible to accomodate your preference)

Reggio Emilia Study Groups

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

Name (first and last) _____ Please select for me ◯