



## AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2016

### *Overview*

The *AHIF Foreign Policy Study Trip to Greece and Cyprus* is a leading travel abroad program aimed to help Greek and Cypriot American college students better understand the importance of the relationships between Greece, Cyprus and the United States and foreign policy issues important to the Greek American community.

During the two-week trip, the students will have the opportunity to experience first-hand foreign policy issues affecting Greece and Cyprus, and the interests of the U.S. in the region. Prior to their departure, students will meet in Washington, DC where they will attend meetings and briefings with officials at Greek and Cypriot embassies, the State Department, Congress and think-tanks.

While in Greece and Cyprus the students will attend briefings with officials at the American embassies; various ministries, including Foreign Affairs; military; members of Parliament; religious leaders; think-tanks, and members of academia and the private sector. In Cyprus, the group will visit the Turkish-occupied area, receive a guided tour of old Nicosia Airport-UNFICYP in the demilitarized zone, and take a day trip to Paphos and Ayia Napa. While in Greece, they will participate in a day trip on a private boat and an exclusive tour of the Karaiskakis Stadium, the home stadium of Olympiacos FC.

### *Academic Credit*

Although the AHIF does not have the capacity to provide academic credit, students can enhance their degree by doing so independently through their universities. Past trip participants have met with their academic advisors to obtain course equivalency approvals for major, minor, general education or other degree requirements as well as scholarships or funding possibilities provided through the university. We will be happy to complete any forms necessary to assist you with this process.

### *Eligibility*

The program is open to undergraduate students (rising sophomores) and to graduate students with a full-time enrollment status and a minimum 3.00 cumulative GPA. Students with a keen interest in US-Greek-Cyprus relations and policy challenges facing Greece and Cyprus will benefit from this program. Program size is limited, and participation is contingent upon acceptance by the program review committee.

### *Cost and Accommodations:*

Hotel accommodations (*McLean Tyson's Corner Hilton, McLean, Virginia; Hilton Cyprus, Nicosia, Cyprus & Grande Bretagne, Athens, Greece*) as well as most meals in Washington, DC, Greece, and Cyprus and transportation to and from the hotels, airport, excursions and meetings will be covered by the AHIF. Upon acceptance to the program, students will be responsible for purchasing their airline tickets. The approximate cost for the round trip ticket from Washington, DC-Larnaca-Athens-US is \$2,400. All airline tickets must be purchased through a travel agency secured by AHIF. ***Those who wish to extend their stay in Greece should note that the cost for an extended trip will be higher.***



## AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2016

### *Application Process*

All application materials are to be submitted *together* in one package by March 31:

1. Completed application form; (found on AHI website: [www.aheworld.org](http://www.aheworld.org))
2. \$500 refundable deposit\* is due at the time of application payable to AHIF;
3. Resume;
4. Official transcript;
5. Two letters of recommendation;
6. A recent *high-resolution color headshot*; and
7. A photocopy of your health insurance card (front & back).

\*The \$500 deposit will be returned to you after the evaluation form and 650-word essay have been received by AHIF at the conclusion of the program. ***No refunds will be given if you cancel after May 15.***

### *Phone Interview*

Phone interviews are an integral component of the trip application. Applicants who have submitted all of their paperwork will then be notified by email that they have qualified for the interview, which is the next phase in the process.

### *Submitting the application:*

- E-mail: In a single e-mail, attach ALL documents MSWord (.doc) or Adobe Acrobat (.pdf) files to Yola Pakhchanian at [[yolap@aheworld.org](mailto:yolap@aheworld.org)] with the subject line **AHIF STUDENT TRIP APPLICANT: [Your Name]**. The letters or recommendation and transcripts can be emailed directly with the same subject line.
- **MAIL ALL papers that need your signature: *Application* form, *Extended Stay* form, and checks to:**

Mrs. Yola Pakhchanian  
AHIF Foreign Policy Study Trip  
**American Hellenic Institute Foundation**  
1220 16th Street, NW  
Washington, D.C. 20036

All items must be received by **March 31, 2016**. Your application will not be reviewed until ALL items are received (including the \$500 deposit). Application review begins in January; priority is given to applications received by March 31<sup>st</sup>; after March 31<sup>st</sup>, applications are considered on a space-available basis.



## AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2016

### CHECKLIST

- APPLICATION** All application materials are to be submitted *together* in one package by March 31. Both parents and the participant – **ALL THREE** – need to *sign and initial* the waiver and liability/indemnification sections of the *Application* form and the *Extended Stay* form.
- DEPOSIT** A \$500 refundable deposit is due at the time of application payable to *AHIF*. Students selected for participation will have 5-business days to reply to the offer. Once you have accepted the offer the \$500 check will be deposited. The deposit will be returned to you after the evaluation form and 650-word essay have been received at the conclusion of the program. ***No refunds will be given if you cancel after May 15.***
- RESUMÉ** Your résumé should highlight of your education, research, work experiences, and your involvement in the Greek American community.
- TRANSCRIPTS** Official transcripts should be mailed or emailed ([yolap@aheworld.org](mailto:yolap@aheworld.org)).
- REFERENCES** The two letters of recommendation could be from a professor, someone in your professional field, or from your community or church.
- HEADSHOT** A **recent high-resolution color headshot (at least 300 dpi in jpg)** will be sent to the media with several press releases.
- INSURANCE** Submit a photocopy of your health insurance card (front/back).
- PASSPORT** Your passport number, country issued, and the expiration date is needed to book your flights and for entry into federal buildings in the U.S., Nicosia and Athens. Students with no passports or an expired passport should not wait until they have been accepted to the program to apply for one or to renew their passports.
- RETURN DATE** Those who wish to extend their stay in Greece need to complete the *Extended Stay* form (signed by the participant and BOTH parents) and **MAIL** with the application form to the office and **EMAIL** a PDF to [yolap@aheworld.org](mailto:yolap@aheworld.org).
- SUBMIT** The application form and all attachments should be emailed in a single e-mail in pdf form or word files to Yola Pakhchian at [yolap@aheworld.org](mailto:yolap@aheworld.org) with the subject line **AHI STUDENT TRIP APPLICANT: [Your Name]**. The letters of recommendation and transcripts can be emailed directly with the subject line **AHI STUDENT TRIP APPLICANT [Your Name]**. **A hard copy of the application form with the student and parents signatures and initials should ALSO be mailed.** NO PDF files or faxes will be accepted.
- Mrs. Yola Pakhchian  
*AHIF Foreign Policy Study Trip to Greece and Cyprus*  
American Hellenic Institute Foundation  
1220 16th Street, NW  
Washington, D.C. 20036
- INTERVIEW** Phone interviews are an integral component of the trip application. Applicants who have submitted all of their paperwork will then be notified by email that they have qualified for the interview.



## AHIF Summer Foreign Policy Trip to Greece and Cyprus Information Form and Release Agreement

This Information Form and Release Agreement ("Agreement") are submitted to the American Hellenic Institute Foundation, Inc. ("AHIF"), as an application for participation by the below-designated student ("Participant") to participate in the AHIF Foreign Policy Trip to Greece and Cyprus ("AHIF Foreign Policy Trip"), tentatively scheduled to take place June 15-July 1, 2016. **Email all required items to Yola Pakhchanian at [yolap@aheworld.org](mailto:yolap@aheworld.org) and MAIL original application form to AHI, 1220 16th St. NW, Washington, DC 20036.**

### STUDENT INFORMATION (Print your legal name as it appears in your passport)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ First Name for Nametag (if other than name above) \_\_\_\_\_ Male  Female

\*Social Security #: \_\_\_\_\_ and \*Passport #: \_\_\_\_\_

\*Country Where Passport Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

*\*Required for entry into certain Government buildings. Your application form will not be processed without the SS# and Passport #.*

### PARENT / GUARDIAN INFORMATION

Primary Parent/Guardian's Name \_\_\_\_\_ Other Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work:( ) \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_ Work:( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

### ACADEMIC INFORMATION

College: \_\_\_\_\_ College Phone: ( ) \_\_\_\_\_

College Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Degree being pursued: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Current grade: \_\_\_\_\_ College Graduation Year: \_\_\_\_\_

Related Job/Internship: \_\_\_\_\_ Related Job/Internship: \_\_\_\_\_

Related Job/Internship: \_\_\_\_\_

## MEDICAL INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (lbs) Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Do you (Participant) have any disability or medical or psychological condition that might affect or limit your participation in the AHIF Foreign Policy Trip to Greece and Cyprus or require special assistance, facilities, or accommodations? Yes  No  If yes, please explain: \_\_\_\_\_

Note: Accommodations are determined on a case by case basis and are subject to timely notification and application. Failure to advise AHIF in a timely fashion may result in an inability to accommodate special needs and disqualify Participant from participation.

## MEDICAL HISTORY

Have you ever had, or are you taking treatment /medication for any of the following (if yes, please explain below):

<input type="checkbox"/> Convulsions, seizures or epilepsy	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Recent injuries	<input type="checkbox"/> Physical limitations
<input type="checkbox"/> Fainting spells or dizziness	<input type="checkbox"/> Mental disorder	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chemical dependency
<input type="checkbox"/> Allergies to insects or plants	<input type="checkbox"/> Asthma or wheezing	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Behavioral disorder
<input type="checkbox"/> Adverse reaction to medication	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Recent surgery	<input type="checkbox"/> Food allergies		

Please explain any items checked (use additional sheet if necessary): \_\_\_\_\_

## MEDICATIONS

Please indicate any medications that the student takes regularly and those she/he might need to take while participating in the AHIF Foreign Policy Trip (use additional sheet if necessary):

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_

All medications to be taken during the AHIF Foreign Policy Trip must be clearly labeled with the student's name, dosage amount, dosage times and prescribing physician's name and phone number. All medications must be in the original container. If the participant will require refrigeration for medication during the AHIF Foreign Policy Trip, the participant must give AHIF advance notice. Storage will be subject to availability of refrigerated storage at any particular location during the AHIF Foreign Policy Trip. AHIF may store medications on the student's behalf but will in no event be responsible for dispensing medications or for lost, stolen, or misplaced medication.

## INSURANCE INFORMATION

Please provide us with your complete and current healthcare provider and health insurance information:

Doctor's Name: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Carrier Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Doctor's Phone ( ) \_\_\_\_\_ Member/ID Number: \_\_\_\_\_

Participants must have health insurance to participate in an AHIF Foreign Policy Trip to Greece and Cyprus. No Exceptions.

## MEDICAL TREATMENT AND HOSPITAL SERVICES CONSENT

We, the undersigned parents/guardians of the Participant, hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services to him/her as ordered or recommended by a qualified physician, licensed nurse, or emergency medical technician (including the administration of anesthesia and the conducting of laboratory and diagnostic procedures) at a hospital, clinic, or other medical facility or on the scene in the event of medical or surgical emergency. We hereby authorize all attending physicians, nurses, emergency medical technicians, hospitals, clinics, and other medical facilities and providers having medical records or information relating to the participant or to any treatment or services given to him/her to release such records and information to AHIF and its agents.

Initials \_\_\_\_\_  
(Student) (Parent) (Parent)

## WAIVER OF PHYSICAL EXAMINATION AND DISCLOSURE OF INFORMATION

We, the undersigned parents/guardians of the Participant, waive the Participant's physical examination prior to participating in the AHIF Foreign Policy Trip.

WE UNDERSTAND THAT WE HAVE FULL RESPONSIBILITY TO INFORM AHIF IN ADVANCE OF ANY PRECAUTIONS THAT SHOULD BE TAKEN IN RESPECT OF A PARTICIPANT'S PHYSICAL OR PSYCHOLOGICAL CONDITION AND TO DISCLOSE ANY INFORMATION ABOUT SUCH CONDITIONS REASONABLY NECESSARY FOR AHIF TO EVALUATE THE PARTICIPANT'S SUITABILITY TO PARTICIPATE IN THE AHIF FOREIGN POLICY TRIP AND FOR AHIF, ITS AGENTS, AND LOCAL PHYSICIANS AND MEDICAL PERSONNEL TO ACCOMMODATE THE PARTICIPANT DURING THE AHIF FOREIGN POLICY TRIP SHOULD HE/SHE BE ACCEPTED FOR PARTICIPATION AND SHOULD MEDICAL ATTENTION BE REQUIRED. SUCH INFORMATION WILL BE DISCLOSED ONLY AS NECESSARY TO EVALUATE OR ACCOMMODATE THE PARTICIPANT.

Initials \_\_\_\_\_  
(Student) (Parent) (Parent)

## CONSENT FOR PARTICIPATION

We the undersigned parents/guardians, in consideration for the benefits to be derived by our son/daughter, and subject to AHIF's acceptance of our son/daughter for participation in the AHIF Foreign Policy Trip, do hereby consent to his/her participation in all programs and activities comprising the AHIF Foreign Policy Trip. This consent acknowledges our agreement that our son's/daughter's participation will be in accordance with the terms and conditions stated in this Information Form and Release Agreement.

Initials \_\_\_\_\_  
(Student) (Parent) (Parent)

## RELEASE AND INDEMNIFICATION

In consideration for participation in the AHIF Foreign Policy Trip to Greece and Cyprus, which will take place in metropolitan Washington, DC (including the Commonwealth of Virginia, the District of Columbia, and the State of Maryland) and the Republics of Cyprus and Greece, EACH OF THE UNDERSIGNED, for himself or herself and his/her personal representatives, executors, administrators, assigns, heirs, and next of kin ("Releasors"), acknowledges, agrees, and represents that he/she:

1. RELEASES, WAIVES, FOREVER DISCHARGES, AND COVENANTS NOT TO SUE AHIF, the American Hellenic Institute, Inc., their respective subsidiaries, affiliates, officers, directors, employees, agents, representatives, successors, and assigns and all other participants, sponsors, promoters, venue operators and owners, transportation providers, and all owners, lessors and lessees of premises used to conduct or associated with the AHIF Foreign Policy Trip to Greece and Cyprus ("Releasees"), and each of them, of and from all liability to the Releasors for any and all loss or damage, and any claim or demand therefor, on account of illness, injury, accident, or death of the Participant, whether caused by the negligence of the Releasees or otherwise, while the Participant is participating in the AHIF Foreign Policy Trip to Greece and Cyprus from the time of Participant's departure from home until his/her return thereto.
2. AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damage, or cost they may incur due to or resulting from the undersigned Participant's participating in the AHIF Foreign Policy Trip.
3. ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS, due to the negligence of Releasees or otherwise, while participating in the AHIF Foreign Policy Trip. EACH OF THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES that the AHIF Foreign Policy Trip, including travel to and from activities comprising the AHIF Foreign Policy Trip, carries the risk of serious injury and/or property damage or loss.

4. GRANTS PERMISSION to AHIF and the American Hellenic Institute, Inc., severally, now and forever, without obligation, to use photographs, videotapes, motion pictures, recordings, or other records of my participation in the AHIF Foreign Policy Trip ("Graphics and Information") for advertising and promotional materials and for any other purpose they, in their sole discretion, deem necessary or useful. This grant includes the right to publish and post such Graphics and Information on any website and to license others to do so.
5. AGREES that any dispute arising out of or relating to this Information Form and Release Agreement or to Participant's participation in the AHIF Foreign Policy Trip shall be resolved by arbitration conducted before a single arbitrator in Washington, D.C., in accordance with the then-prevailing applicable rules of American Arbitration Association.

Each of the undersigned further expressly agrees that the terms of this Information Form and Release Agreement are intended to be construed as broadly and inclusively as permissible, and that if any portion thereof is held invalid the balance shall, notwithstanding, continue in full legal force and effect.

Each of the undersigned has read and voluntarily signs this Information Form and Release Agreement. They each represent and warrant that all disclosures are truthful and complete and acknowledge that AHIF will rely on such representation and warranty as an inducement to accept the Participant for participation in the AHIF Foreign Policy Trip. They each understand and agree that Participant's acceptance for participation is within AHIF's sole discretion.

**PARTICIPANT**

Name (printed) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date of Signature \_\_\_\_\_

**PARENT/LEGAL GUARDIAN 1**

Name (printed) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date of Signature \_\_\_\_\_

**PARENT/LEGAL GUARDIAN 2**

Name (printed) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date of Signature \_\_\_\_\_

**Return Travel Info:**

Those who wish to extend their stay in Greece should note that the cost for an extended trip will be higher. All participants need to make individual plans to fly/drive to Washington, DC by June 15, 2016 at noon. Please note that you will not be able to change your return flights once they are booked.

Departure date (July 1 or later) \_\_\_\_\_  
 Departure city (i.e. Athens) \_\_\_\_\_  
 Arrival U.S. city (i.e. NYC, Los Angeles): \_\_\_\_\_

Who should we contact regarding your travel plans:  
 \_\_\_\_\_ Parent \_\_\_\_\_ Myself

Name: \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Daytime number \_\_\_\_\_ Cell \_\_\_\_\_

**\$500 Deposit Payment Information:**

Payment by:  Check (payable to AHIF)  
 Payment by Credit Card:  Visa  Master Card  Amex  
 Name of the card holder:

\_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Credit Card No: \_\_\_\_\_  
 Exp. date \_\_\_\_\_ V-code \_\_\_\_\_  
 Signature: \_\_\_\_\_





AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2016

## *Personal Statement*

Please write a personal statement explaining why you would like to participate in the *AHIF Foreign Policy Trip to Greece and Cyprus*, how it will enhance your educational and career plans and why you would make a good candidate. Discuss your involvement in the Greek American community and whether this is your first trip to Greece and Cyprus. Limit your comments to approximately 300 words.





AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2016

**Travel Agent Information Form**

To be completed and emailed (yolap@aheworld.org)

<b>Name</b> (as it appears on your passport):		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Birthday:</b> (month, day, year):		
<b>USA Passport #:</b>		<b>Expiration date:</b>
<b>College Email:</b>		<b>Personal email:</b>
<b>Cell Phone:</b>		

**Person responsible for travel arrangements:**

<b>Name:</b>	<b>Email:</b>
<b>Daytime Number:</b>	<b>Cell phone:</b>
<b>Best times to be reached:</b>	

The program will start with a meeting at **12:00 PM** on **June 15, 2016** at the Hellenic House, 1220 16<sup>th</sup> Street, NW, Washington, DC. Students should arrive in Washington DC **no later than 10:00 AM**. The students will leave on June 17 for Cyprus and June 23 for Athens. The program will conclude officially at midnight on June 30 and the group will depart for the US on July 1.

**Should you choose to extend your stay please complete the “Extended Stay” form. Both parents and participant (ALL THREE) need to sign the form.**

<b>Departure date from Greece:</b>	<b>Time:</b>
<b>Arrival date in the USA:</b>	<b>Arrival city in the USA:</b>

(Please note that we will not be able to change your flights after May 1, 2016)

**Payment method**

Payment should be made by check payable to **Amphitriion Holidays**. Please mail checks to:

Mr. Konstantinos Georgiadis  
1010 Rockville Pike, Suite 401, Rockville, MD 20852  
301-545-0999 – 800-424-2471 (phone) / 301-294-5325 (fax) / [aleko@amphitriion.com](mailto:aleko@amphitriion.com).



AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2016

**Extended Stay Form**

Form to be completed by those who wish to extend their stay and then **mailed** (Yola Pakhchanian c/o the American Hellenic Institute Foundation, 1220 16th St NW, Washington, DC 20036) and emailed ([yolap@aheworld.org](mailto:yolap@aheworld.org)).

<i>Name:</i>	
<i>Departure date from Greece:</i>	
<i>Arrival date in the USA:</i>	<i>Arrival city in the USA:</i>

**Contact person in Greece:**

<i>Name:</i>	
<i>Address:</i>	
<i>Phone number:</i>	<i>Mobile:</i>

I, \_\_\_\_\_ acknowledge and agree that the **AHIF College Student Foreign Policy Trip to Greece and Cyprus** terminates, and AHIF's responsibility for Participants' welfare in connection therewith ceases for all purposes, as of midnight June 30, 2016.

**Participant Name: (Print)** \_\_\_\_\_

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

**Parent/Guardian's signatures:**

**Mother Name: (Print)** \_\_\_\_\_

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

**Father Name: (Print)** \_\_\_\_\_

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