

Thank you for your interest in MATH and joining the mission team.

Team Dame Marie (DM) Port-Au-Prince (PAP)

Date of Trip _____

Itinerary	Date	Airport	Time	Airline Flight #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. **Due** _____

Volunteer Participation (attached form)

Email to margaret.levasseur@gmail.com or mail to Maggie Levasseur, 64 Hendee Road, Andover, CT 06232

2. **Due** _____

License Acknowledgement
(attached form)

Copy of Passport
(first time travelers and renewed passports only)

HIPAA Media Release
(attached form)

Copy of Professional License(s)
(first time travelers only)

Notarized Travel Release
(attached form)

Copy of Professional Diploma
(first time travelers only)

Email to margaret.levasseur@gmail.com or mail to Maggie Levasseur, 64 Hendee Road, Andover, CT 06232

3. **Due** _____

Perkins Travel Form
(attached form)

Check for _____ made out to Perkins Travel

Email to dcollins@perkinstravel.com or mail to Perkins Travel, 40 South High Street, New Britain, CT 06051

4. **Due** _____

Trip Expenses _____

Pay online at www.medicalaidtohaiti.org noting trip location and date or mail check made out to MATH to Maggie Levasseur, 64 Hendee Road, Andover, CT 06232