

UNL PRE-REGISTRATION FORM

Name: _____
Gender: _____ Male _____ Female
Country: _____
Email: _____
Host University: _____
Degree: _____
Area of Study: _____

I give permission for this information to be published and shared with the other Fulbright Fellows.

Name

TRAVEL INFORMATION

Arrival Information:

Airport: Omaha

Date: _____

Time: _____

Flight # _____

Departure Information:

Airport: Omaha

Date: _____

Time: _____

Flight # _____

SPECIAL CONSIDERATIONS

Allergies:

Food Preferences (such as vegetarian, no pork, no dairy, etc.):