



The People's Republic of China (PRC) is the world's fastest growing economy. Multinational corporations have flocked to China, first as a production base but now to tap into its 1.3 billion consumers. Do not miss this chance to discover China and the amazing opportunities there.

We invite you to join us on the **China Enterprise Tour, May 5 - 15, 2013** to visit world-class international businesses, China's famous cultural destinations, and engage in experiential learning that will broaden your perspective of China. This is a unique opportunity to travel with CUI Business Faculty with in-depth international knowledge, expertise and experience.

Enrolled in MGT 324 "Global Enterprise - China" (Spring Term), you will receive 3 credits that may apply to your degree, and you do not have to be a business major to participate. The course begins with a preparatory online portion in March, and culminates with a ten-day business study tour to China. We will travel to **Beijing and Shanghai**, visiting over a dozen local companies and factories such as Shanghai Volkswagen, PC-maker Lenovo, Coca Cola, Bao Steel, dairy/organic farm, silk/fabric factory, and institutions of higher education.

We will enjoy many cultural activities as well, including hiking and camping out on the Great Wall, touring the Forbidden City and the site of the Beijing Olympics. We are limited to 20 students, so apply now!



Indulge in Chinese Cuisine



Explore Chinese Culture



Hike the Great Wall

APPLICATION

Global Enterprise - China – MGT 324 China Business Course with 10 Day Business Study Tour in China

Program Director: Prof. Roger Philips [roger.philips@cui.edu]

China Travel Dates: May 5 - 15, 2013

You must register for MGT 324 – 3 credits in spring term 2013

Cost: \$3,200 (includes airfare, visa, lodging, all meals, tips, ground transportation, spending money, company visits, tours, attractions, and insurance. Does not include tuition)

Participants: 10 - 20 students of sophomore to senior status – any major.

Travel Schedule for May, 2013:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5 Depart from CUI for Beijing	6 Travel	7 Beijing	8 Beijing	9 Beijing	10 Beijing	11 Beijing/Shanghai
12 Shanghai	13 Shanghai	14 Shanghai	15 Arrive in US - LAX			

China is a safe, stable country, not currently on any travel warning lists. No vaccinations required.

Please submit this application, along with your \$400 application deposit (check made out to “Concordia University”) by December 15, 2012. Registration will close when course is full. Your deposit is non-refundable unless you are not accepted into the course. Balance of \$2,800 is due and payable by February 15, 2013.

[All responses are confidential]

Name: _____ Date: _____

Major _____

Please briefly describe why you want to participate in this program: _____

Please briefly describe your previous cross-cultural or international experiences. What did you find most rewarding and most challenging about one of those experiences?

Other Comments: _____

CONFIDENTIAL HEALTH INFORMATION
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1. Check if you have: Fainting spells Heart problems Diabetes Chronic illness
Severe allergy Eating disorder Respiratory problems Seizures

2. Do you have any condition which might affect your ability to fully function on this trip? There is a considerable amount of walking and stair climbing involved. (e.g., fear of flying, depression, anxiety, sleeping disorders)? _____

3. Please provide any medical/prescription information that you request be released to emergency medical providers:

4. List medical/prescription information:

Signed: _____ **Date:** _____

Please return this application and attachments to the Office of Global Programs, Admin. 120 D.

Required Attachments:

- Concordia University Summer Study Abroad Application
- Release and Hold Harmless Agreement/Waiver of Liability Form
- Copy of Passport
- Non-Refundable (unless not accepted into the course) \$400 Deposit

CONCORDIA UNIVERSITY STUDY ABROAD APPLICATION
Office of the Registrar
☐ FACULTY LED PROGRAM – SUMMER

Name: _____ Banner ID#: E _____

E-Mail Address: _____ Major: _____

EXPECTED GRADUATION YEAR: _____

Part I. Program

Program Name: _____

Contact Person: _____

STUDENT EMERGENCY CONTACT INFORMATION: (contact in case of an emergency; i.e. parent, family member, friend)

Please fill out back of form completely. We need at least three contacts.

1. _____
Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

2. _____
Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

3. _____
Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

Required Attachments:

- Application for Program
- Copy of Passport
- Signed Limited Release Form

Part IV. International Department Approval

Global Programs: _____ Date: ____/____/____

Part V. Student Agreement

I agree to the guidelines for the Study Abroad Program and to its requirements and limitations.

Student Signature: _____ Date: ____/____/____



Release and Hold Harmless Agreement/Waiver of Liability Form

I, the undersigned participant, request voluntary participation for myself to participate in the _____ activity on _____ (date) which begins at _____ (time) and ends at _____ (time) Sponsored by Concordia University Irvine all of which are hereafter referred to as the "activity".

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, an/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from Concordia University Irvine and the officers, employees, and agents of each of them and consent to use of photographs, pictures, slides, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all the risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify Concordia University Irvine and the officers, directors, employees, and agents of each of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against Concordia University Irvine and the officers, directors, employees, and agents of each of them arising out of my participation in the activity and hereby forever release, hold harmless, and discharge Concordia University Irvine and the officers, directors, employees, and agents of each of them from all liability in connection therewith except as such loss or damage which was caused by the sole negligence or willful misconduct of Concordia University Irvine and its officers, directors, employees, representatives and volunteers, and the officers, directors, employees, and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Concordia University Irvine and the officers, directors, employees and agents of each of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency contact name (print) (Area Code) Phone Number Participant's Signature Date

Relationship to participant Participant's Name (Print) (Area Code) Phone Number

Address City/state Zip

List medical/prescription information below:

