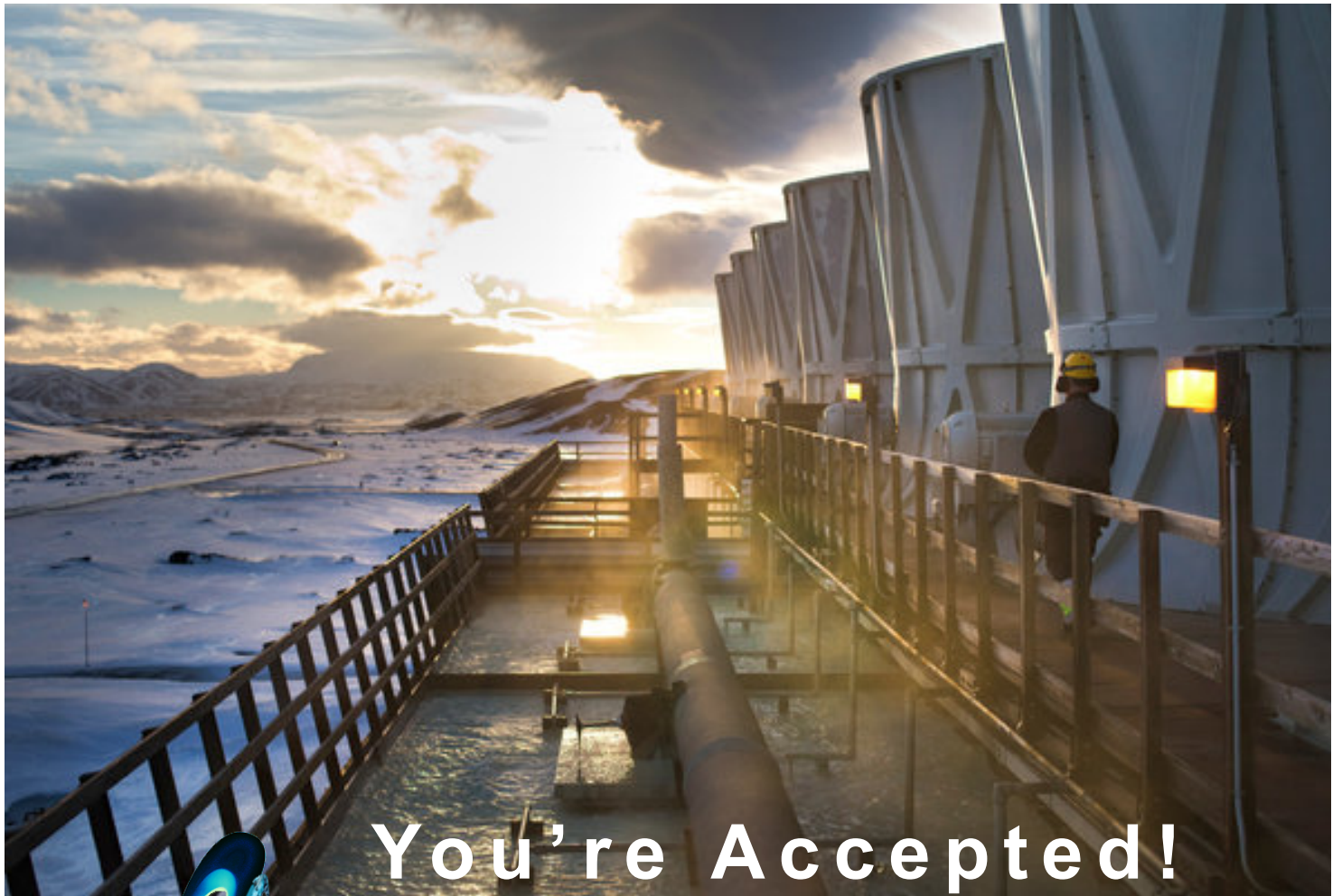




You're Accepted!



the **GREEN** program

Global Renewable Energy
Education Network

Iceland



[dot] com

Complete Your Registration

Payment Plan Agreement
Book Your Flight
Travel & Medical Forms
Student Roster
Travel Tips
Go GREEN!

Book Your Flight pg. 1 of 1

Flight Arrangements must adhere to the following requirements (Please consult your Personal Representative before booking your flight):

ARRIVAL: Students should meet at the Keflavik International Airport (KEF) in Reykjavik, Iceland at **10:00AM on the first day of the program**. To maximize your time we recommend that students arrive one day earlier to adjust to any time zone changes and avoid jetlag.

DEPARTURE: Depart on the last day of your Program from Keflavik Airport (KEF) **after 4:00PM**. You will arrive at the airport with ample time before your flight.

If you choose to arrive in Iceland a day early, there are some recommended hotels near the airport:

Kex Hostel – www.kexhostel.is

Reykjavik Backpackers – www.reykjavikbackpackers.is

Keflavik – www.kefairport.is

Submit your Flight Itinerary - theGREENprogram.com → Students → Accepted Students Roster → Step 2-Book Your Flights



The GREEN Team will be at the airport awaiting your arrival. It is very important that these guidelines are adhered to as we will always be traveling in groups and need to make sure that your flight times fall into the group trip itinerary.

Note: If you plan to arrive early or stay in Iceland longer for personal reasons and/or travel, please notify your personal representative so they can recommend the appropriate steps to make sure your GREEN experience coincides with your other travel plans.

Take some time to browse through your flight options and if you have any questions, please ask before you make a purchase. Your personal Representative will review your flight Itinerary once you submit the information.

The next step of Registration is to submit your Travel and Medical Forms. Online copies of the forms can be found in this packet and are also available at theGREENprogram.com → Students → Accepted Students Portal

SIGN & SUBMIT

Complete your *Travel Documents* by signing the following forms:

1. Drug and Alcohol Policy
2. Excursion Assumption of Risk Waiver
3. Medical and Photography Release
4. Student Waiver

Complete the *Medical Documents* by scheduling an appointment with your doctor and asking them to fill out and sign the following form:

5. Annual Health and Medical Record Form

These forms are due no later than 1 month before the start of your program. We need these forms at your earliest convenience so we can make sure the GREEN Team is fully prepared and ready to cater to your needs. Once the travel forms are completed, and medical forms are filled out by your physician, please submit the forms on the **Accepted Students Portal** on our Website.

Submit your Forms at theGREENprogram.com → Student → Accepted Students Portal → 3-Submit Your Student Roster





GREEN Drug and Alcohol Policy (this "Policy")

The GREEN Program Public Benefit Corporation ("GREEN") abides by the rules and regulations of the local jurisdictions of the programs with respect to which it provides marketing, selling agency and other services. The GREEN Program (the "Program") adheres to the drug and alcohol policies of the country of destination of the program.

All illegal drugs and other substances, including marijuana, cocaine, opiates, amphetamines, phencyclidines (PCPs), and their derivatives, are strictly prohibited while I am participating in the Program. GREEN neither encourages, condones, nor permits the possession or use of any illegal drugs and other substances.

Under the laws of Iceland, individuals must be 21 years of age to consume alcohol. Alcohol is not provided nor sold by GREEN. The consumption of alcohol is done at such individual's own risk and at his or her own discretion. GREEN neither advises nor condones the consumption of alcohol by an individual if such individual has a physical or mental condition that can be magnified by such consumption.

By signing this document, I agree to not use any illegal substances and I acknowledge that if I consume alcohol, I do so at my own risk. I will not become intoxicated beyond control, which is to be defined by staff members of the in-country operators and service providers of the Program ("In-country Personnel") and/or by hotel personnel. I acknowledge that any violation of this Policy may result in immediate expulsion from the Program, and the informing of emergency contacts, at the discretion of In-country Personnel and/or hotel personnel. GREEN reserves the right to act in the best interest (in its sole judgment and discretion) of any participant of the Program that is intoxicated or under the influence of any drugs or other substances, which can and may include hospitalization, police intervention and/or expulsion from the Program. By signing this document I affirm that I am at least 18 years of age and I understand and accept all aforementioned rules, regulations, conditions, and their stated or otherwise reasonably foreseeable consequences.

I, on behalf of myself, my parents or guardians, any other related individual, and my executors, administrators, heirs and assigns, hereby waive, release and discharge, and shall fully indemnify and hold harmless GREEN and its affiliates, strategic partners (of written or verbal alliance), members, officers, employees, representatives, agents, heirs, successors and assigns (each an "Indemnified Party" and collectively, the "Indemnified Parties") from and against all actions or claims for mental and bodily injury, death, property and other damages, losses, liabilities and expenses (including reasonable attorney's fees and costs of suit, which shall include all penalties, expenses, fees, costs, amounts paid in settlement, expert witness fees and disbursements in connection with investigating, defending or settling any such action or claim or threatened action or claim) which may be incurred, or reasonably required to be paid, by any Indemnified Party by reason or on account of my behavior or violation of this Policy.

Name

Date

Signature



Excursion Assumption of Risk and Waiver (this "Waiver")

I, _____, will be participating in a multi-day educational program (the "Program") in Iceland from _____ (date) to _____ (date).

I hereby acknowledge that (i) I have voluntarily and freely elected to participate in the Program, and that I am in no way obligated or required to do so, and (ii) my participation in any site visits, adventure excursion or other activities during or relating to the Program is voluntary, and I freely assume the risk of accident, injury, illness, or damage to or loss of property.

I acknowledge and agree that (i) The GREEN Program Public Benefit Corporation (together with its officers, employees, representatives and agents, "GREEN") is providing only marketing and selling agency services with respect to the Program and is neither providing nor responsible for any in-country operations or services with respect to the Program, which are assumed by certain other service providers not supervised, operated or otherwise controlled by GREEN, and (ii) GREEN assumes no liabilities in the event of accident or illness, nor for damage or injury to person or property of any nature whatsoever during my participation in the Program. In participating in the Program, I voluntarily and freely assume all such risk of accident, injury, illness, or damage to or loss of property. GREEN shall not be responsible to any individual or entity for any of my acts or omissions while participating in the Program.

I, on behalf of myself, my parents or guardians, any other related individual, and my executors, administrators, heirs and assigns, hereby waive, release and discharge, and shall fully indemnify and hold harmless GREEN and its affiliates, strategic partners (of written or verbal alliance), members, heirs, successors and assigns (each an "Indemnified Party" and collectively, the "Indemnified Parties") from and against all actions or claims for mental and bodily injury, death, property and other damages, losses, liabilities and expenses (including reasonable attorney's fees and costs of suit, which shall include all penalties, expenses, fees, costs, amounts paid in settlement, expert witness fees and disbursements in connection with investigating, defending or settling any such action or claim or threatened action or claim) which may be incurred, or reasonably required to be paid, by any Indemnified Party by reason or on account of my participation in the Program, including any and all site visits, excursions and other activities during or relating to the Program.

As a client of GREEN, I understand and acknowledge the risk involved in my participation in educational adventure programs such as the Program and freely assume the responsibility in exchange for valuable consideration, the receipt of which is hereby acknowledged.

I hereby certify that (i) I was born on _____; (ii) I am, therefore, of legal age and competent to execute this Waiver; and (iii) I do so hereby execute this Waiver of my own free will and accord, voluntarily and without duress, and with the full intention to bind myself, my parents or guardians, any other related individual, and my executors, administrators, heirs and assigns to the fullest extent permitted by applicable law.

Name

Date

Signature



Medical Release

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to myself, in the event of any injury or illness. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of local medical personnel. I understand that I am responsible for any and all costs of such treatment and further agree to release, indemnify and hold harmless The GREEN Program Public Benefit Corporation (GREEN) from any costs associated with my treatment.

Name

Date

Signature

Photography Release Form

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself, the recording of my voice and writing and the use of such photographs, video and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes by The GREEN Program Public Benefit Corporation and its affiliates, strategic partners (of written or verbal alliance), members, officers, employees, representatives, agents, heirs, successors and assigns (collectively, the "Authorized Parties"). I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by the Authorized Parties to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets.

Furthermore, I understand that others, with or without the consent of the Authorized Parties, may use and/or reproduce such photographs and recordings. I hereby release and discharge, and shall fully indemnify and hold harmless GREEN, and any of its associated or affiliated companies, their respective directors, officers, agents, employees, customers and appointed advertising agencies from all claims for damages, losses, liabilities and expenses on account of such use.

Name

Date

Signature



Participant Waiver

I, _____, will be participating in a multi-day educational program (the "Program") in Iceland from _____ (date) to _____ (date).

I certify, acknowledge and agree to the following:

- The GREEN Program Public Benefit Corporation (together with its officers, employees, representatives and agents, "GREEN") is providing only marketing and selling agency services with respect to the Program and is neither providing nor responsible for any in-country operations or services with respect to the Program, which are assumed by certain other service providers not supervised, operated or otherwise controlled by GREEN.
- GREEN assumes no liabilities in the event of accident or illness, nor for damage or injury to person or property of any nature whatsoever during my participation in the Program. In participating in the Program, I voluntarily and freely assume all such risk of accident, injury, illness, or damage to or loss of property. GREEN shall not be responsible to any individual or entity for any of my acts or omissions while participating in the Program.
- Travel to and from the Program locations and specific sites by way of any form of transportation (including, automobile, bus and airplane) entails inherent risks of bodily injury or property damage.
- My participation in the Program is voluntary.
- I am physically and mentally able to participate in all activities of the Program and am not aware of any disability or other condition that could prevent my participation in the Program.
- While traveling during the Program, there are inherent risks of bodily injury or property damage caused by or resulting from such incidents as trips, falls and other accidents.
- While in an urban environment there is an unlikely but real risk of being the victim of a violent crime.
- While traveling I should and will carry appropriate copies of photo identification and health insurance identification.
- I understand that should I choose to consume alcohol during the Program, I do so at my own risk.
- During the Program, I will take full responsibility for being vigilant against any crime that can be prevented by being aware, alert, and intelligent.

Notwithstanding these risks, I, on behalf of myself, my parents or guardians, any other related individual, and my executors, administrators, heirs and assigns, hereby waive, release and discharge, and shall fully indemnify and hold harmless GREEN and its affiliates, strategic partners (of written or verbal alliance), members, heirs, successors and assigns (each an "Indemnified Party" and collectively, the "Indemnified Parties") from and against all actions or claims for mental and bodily injury, death, property and other damages, losses, liabilities and expenses (including reasonable attorney's fees and costs of suit, which shall include all penalties, expenses, fees, costs, amounts paid in settlement, expert witness fees and disbursements in connection with investigating, defending or settling any such action or claim or threatened action or claim) which may be incurred, or reasonably required to be paid, by any Indemnified Party by reason or on account of my presence or activities in connection with the Program.

Furthermore, I acknowledge that the risks outlined above are not intended to be all inclusive and voluntarily accept all risks know or unknown. I have read and agreed to the Terms and Conditions found on the GREEN Website (<https://thegreenprogram.com/>).

Name

Date

Signature

GREEN Annual Health and Medical Record

(Valid for 12 calendar months)

GREEN recommends that all members have annual medical evaluations by a certified and licensed Health care provider. In an effort to provide better care to those who may become ill or injured and to provide students and the staff with a better understanding of their own physical capabilities, GREEN has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one two-part medical form.

Part A is to be completed by all GREEN Program participants. Both parts are medical information required includes a current health history and list of medications.

Part B is to be completed and signed by a licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking.

Other examples include kayaking, rafting, zip-lining, and wind surfing

Risk Factors

Based on the vast experience of the medical community, GREEN has identified that the following risk factors may define your participation in various outdoor adventures.

- Heart disease
- Excessive body weight
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychological and emotional difficulties



Part A: (To be Filled out by Participant)

(Page 1 of 2)

GENERAL INFORMATION

Last Name: _____ First Name: _____
 Date of Birth: _____
 Age: _____ Male Female
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: _____ Email: _____

Health/accident insurance company: _____
 Policy No.: _____
 Insurance Carrier Phone No.: _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name: _____
 Relationship: _____
 Address: _____
 City, State, Zip _____
 Home phone: _____ Business phone: _____
 Cell phone: _____ Email Address: _____
 Alternate contact: _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been diagnosed with or treated for any of the following:

	Yes	No	Condition
Asthma			
Diabetes			
Hypertension (high blood pressure)			
Heart disease (i.e., CHF, CAD, MI)			
Stroke/TIA			
Ear/Sinus problems			
Muscular/skeletal condition			
Menstrual problems (women only)			
Psychiatric/psychological and emotional difficulties			
Learning disorders (i.e. ADHD, ADD)			
Bleeding disorders			
Fainting Spells			
Thyroid disease			
Kidney disease			
Sickle cell disease			
Seizures			
GI problems (i.e., abdominal, digestive)			
Surgery			
Serious Injury			
Other			

(Page 2 of 2)

ALLERGIES OR REACTIONS TO:

Medication:

Food, Plants, or Insect Bites:

Other Allergies or Reactions:

STATEMENT OF CONSENT:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to myself, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of local medical personnel.

Student Name

Student Signature

Date

Part B (To be Filled out by Health Care Professional)

(Page 1 of 2)

PHYSICAL EXAMINATION

Height: _____ Weight: _____ % Body Fat (optional): _____
 Meets height/weight limits: ___ Yes ___ No Blood pressure: _____ Pulse: _____

IMMUNIZATIONS

The following are recommended but not required by GREEN. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the "YES" box and enter the year received. (For more information about immunizations, as well as the immunization exemption form, see the Center for Disease Control and Prevention at <http://wwwnc.cdc.gov/travel/>).

	Yes	No	Date
Routine			
Hepatitis A or immune globulin (IG)			
Hepatitis B			
Typhoid			
Malaria			
Other (i.e. HIB)			
Exemption to immunizations claimed.			

MEDICATIONS

List all medications currently used. Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature _____ Temporary ☐ Permanent ☐	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature _____ Temporary ☐ Permanent ☐	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature _____ Temporary ☐ Permanent ☐
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature _____ Temporary ☐ Permanent ☐	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature _____ Temporary ☐ Permanent ☐	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature _____ Temporary ☐ Permanent ☐

PHYSICAL ACTIVITY

(Page 2 of 2)

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if during a physical exam their health care provider determines that they are not physically capable of participating in strenuous activities such as hiking, swimming or kayaking.

I certify that I have reviewed the health history, examined the person, and approved this individual for participation in: (Check all that apply)

- | | | |
|---|---|--|
| ☐ Hiking | ☐ Swimming/Water activities | ☐ Cold Weather Activity |
| ☐ Climbing | ☐ Sports | ☐ Zip lining/heights |
| ☐ Hot springs (water temperatures >90°F) | ☐ Wilderness/backcountry treks | ☐ Warm weather activity (>80°F) |

RESTRICTIONS (Please specify. If none, state N/A)

NOTE - Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Health Care Provider Printed Name _____

Signature _____

Address _____

City, State, Zip _____

Office Phone _____ Date _____

Student Roster Form pg. 1 of 1

Once you have all of your Travel and Medical Forms completed, your next step is to submit all of your forms online on the Student Roster **theGREENprogram.com → Students → Accepted Students Portal → 3-Submit Your Student Roster**

You will be asked to submit the following information on the Student Roster. This information is required for the GREEN Team to file for your in-country insurance and get ready for your arrival.

FILL OUT FIELDS ONLINE



Last Name
First Name
A Photo of Yourself
What Program you are attending
Passport Number
Birth date
Gender
Street Address
City
State
Zip Code
Phone Number
Email
Age
T-Shirt Size
Dietary Requests

Beneficiary Information (Mother/Father/Guardian)

Beneficiary Name
Beneficiary Relation
Beneficiary Phone
Beneficiary Address
City
State
Zip Code

Copies of Documents/Forms (only jpg/png/gif/bmp file types are supported)

Passport Copy
Insurance Card Copy
Travel Documents
Medical Forms

To call home...

Calling Iceland

From US & Canada: Dial 011 + 354 (Iceland country code) + number
From Europe: Dial 00 + 354 + number

Calling Home from Iceland:

When direct dialing: You will need to know the country's international code and area code. The international prefix to call out of Iceland is always 00. As an example, steps to call the US are below:

1. Dial International Prefix to call outside Iceland: 00,
2. Plus US International Code: 1,
3. Plus City/Area Code: ex: 215 (Philadelphia),
4. Plus Number: xxx-xxxx

Email

GREEN strongly recommends using email to keep in touch. It is a much easier way to communicate than regular mail as it is accessible in Iceland. Opportunities to use the internet during your project will depend on our schedule, but there will be opportunities throughout the program. Most lodging sites where you will stay have reliable wi-fi. There may be 2-3 days where you are off the grid during camping trips. If you do not already have one, we recommend you set up a free email account to stay in touch with family and friends during your program.

Skype

A great way to communicate with loved ones while on the program is to use Skype. Skype allows you to call other Skype accounts for free anywhere in the world, as long as you have internet. You can also call landlines if you purchase skype credit, which is cheaper than getting an international calling card or phone service. For more information visit skype.com.



Before you Arrive...

Although Iceland is known for its incredibly low crime rate, GREEN encourages students to “travel smart” and be aware of these quick tips to make your travel safer and more comfortable. For more travel and safety tips, visit <http://travel.state.gov> before your trip.

- ❑ **Register so the State Department can better assist you in an emergency:** Register your travel plans with the State Department through a free online service at <https://travelregistration.state.gov>. This will help them contact you if there is a family emergency in the U.S., or if there is a crisis where you are traveling. In accordance with the Privacy Act, information on your welfare and whereabouts will not be released to others without your express authorization.
- ❑ **Sign passport, and fill in the emergency information:** Make sure you have a signed, valid passport, and a visa, if required, and fill in the emergency information page of your passport.
•It is highly recommended that you bring a photocopy of your passport along with the original.
- ❑ **Leave copies of itinerary and passport data page:** Leave copies of your itinerary, passport data page and visas with family or friends, so you can be contacted in case of an emergency.
- ❑ **Check your overseas medical insurance coverage:** Ask your medical insurance company if your policy applies overseas, and if it covers emergency expenses such as medical evacuation. (GREEN Programs include in-country medical coverage for all participants)
- ❑ **Familiarize yourself with local conditions and laws:** While in a foreign country, you are subject to its laws. The State Department web site at http://travel.state.gov/travel/cis_pa_tw/cis/cis_1138.html has useful safety and other information about the countries you will visit.
- ❑ **Take precautions to avoid being a target of crime:** To avoid being a target of crime, do not wear conspicuous clothing or jewelry and do not carry excessive amounts of money. Also, do not leave unattended luggage in public areas and do not accept packages from strangers. Avoid being a target for pick pocketing by keeping close track of your personal belongings at all times.
- ❑ **Contact the Embassy in an emergency:** Consular personnel at U.S. Embassies abroad and in the U.S. are available 24 hours a day, 7 days a week, to provide emergency assistance to U.S. citizens. Contact information is available at <http://travel.state.gov>. Also note that the Office of Overseas Citizen Services in the State Department’s Bureau of Consular Affairs may be reached for assistance with emergencies at 1-888-407-4747, if calling from the U.S. or Canada, or 202-501-4444, if calling from overseas.

Don't Forget your...

Shoes

- ✓ Sneakers/close-toed shoes for everyday wear
- ✓ **Waterproof Hiking Boots**
- ✓ 1 pair of shower flip-flops
- ✓ Going Out Shoes

Clothes:

- ✓ Pants Required for Facility Visits
- ✓ Fleece or Insulated Pants or Long Johns
- ✓ Fleece Shirt or Jacket for base layer
- ✓ Bathing suit(s) (4-5 Wet Excursions)
- ✓ Light synthetic jacket
- ✓ Wool or Synthetic Socks
- ✓ Scarf
- ✓ Warm, Waterproof Gloves
- ✓ Underwear
- ✓ PJ's
- ✓ Rain Proof Pants
- ✓ Wind breaker/Light Rain Jacket for rain or higher elevations
- ✓ Casual clothing for night out in Reykjavik

Documentation

- ✓ **Passport & Photo Copy**
- ✓ Drivers License
- ✓ Insurance Card
- ✓ At least one copy of each document above (This is very important)
- ✓ Emergency Contact Information
- ✓ **Airline Tickets**
- ✓ Discretionary Spending Money
*Most students bring at least \$200 for discretionary spending. However, most locations accept credit cards as well.

Toiletries

- ✓ Toothbrush
- ✓ Toothpaste
- ✓ Travel Size Shampoo/Conditioner/Soap
- ✓ Antiperspirant
- ✓ Washcloth
- ✓ Glasses/Contacts/Contact Solution
- ✓ Razor
- ✓ Hair dryer

Health

- ✓ Sun Screen – at least SPF 20-75
- ✓ Personal prescriptions – filled before your trip
- ✓ Female Hygiene Products
- ✓ Motion Sickness Prevention (if needed)
- ✓ Band-Aids (waterproof)
- ✓ Pain relievers/Fever Reducers
- ✓ Daily Vitamins
- ✓ Anti-bacterial Hand Sanitizer
- ✓ Allergy Medicine (if needed)

Miscellaneous

- ✓ **Icelandic Adapter – Europlug/Schuko-Plug (CEE types 220 volts) 2 round prongs**
- ✓ Icelandic/English Phrase Book (optional)
- ✓ Flashlight
- ✓ Sleeping bag for Cabin Camping Trip
- ✓ Fleece or Wool Snow Hat that covers ears
- ✓ Sunglasses for glaciers
- ✓ Camera and charger
- ✓ Laptop (necessary for communication with family and capstone project)
- ✓ International Cell phone (optional)
- ✓ Towel(s)

When You Arrive...

As you prepare for your travels, be sure to review this brief guide of what to expect once your plane lands in the city of Reykjavik, Iceland (airport name: “Keflavik”):

- 1) Once you land in Keflavik Airport, exit your gate and proceed towards Customs
 - + You can follow other passengers across the lot as they will be going there as well
 - + Show your Passport, Student F1 Visa (if you are an international student), and Customs Declaration that they gave to you to fill out on the plane.
 - + Your customs declaration should say that you are a student, traveling for tourism
 - + Your final destination is Reykjavik, Iceland
 - + Customs Control will stamp your declaration – keep this with you for the next security checkpoint.
- 2) Proceed to baggage claim if you checked in any bags
- 3) After you get all your baggage, walk through one more security checkpoint
 - + Here, they will scan your bags and collect the stamped copy of the Customs Declaration
 - + We recommend that you exchange any money at a local currency exchange or airport before arriving for any discretionary spending. (The exchange rate is around 125 Icelandic Krona (ISK) = 1 USD). We will be able to stop at an Icelandic Bank upon arrival as well
- 4) Head towards the main Airport Exit
 - + Once you come out of the baggage claim area, go through the double doors and make a hard LEFT to walk past the indoor café. There you will see a red sign labeled **“MEETING POINT”** right next to the front doors.



For your loved ones

To Contact GREEN Headquarters in Philadelphia, PA:

Email: info@theGREENprogram.com

Phone: 1-888-558-0579

HJARÐARBÓL GUESTHOUSE— 816 OLFUS, ICELAND

PHONE: (354) 567 0045

EMAIL: info@hjardarbol.is

WEBSITE: www.hjardarbol.is



LANDMANNALAUGAR — Mörkinni 6, Iceland

PHONE: (354) 568 2535

EMAIL: fi@fi.is

WEBSITE: www.fi.is



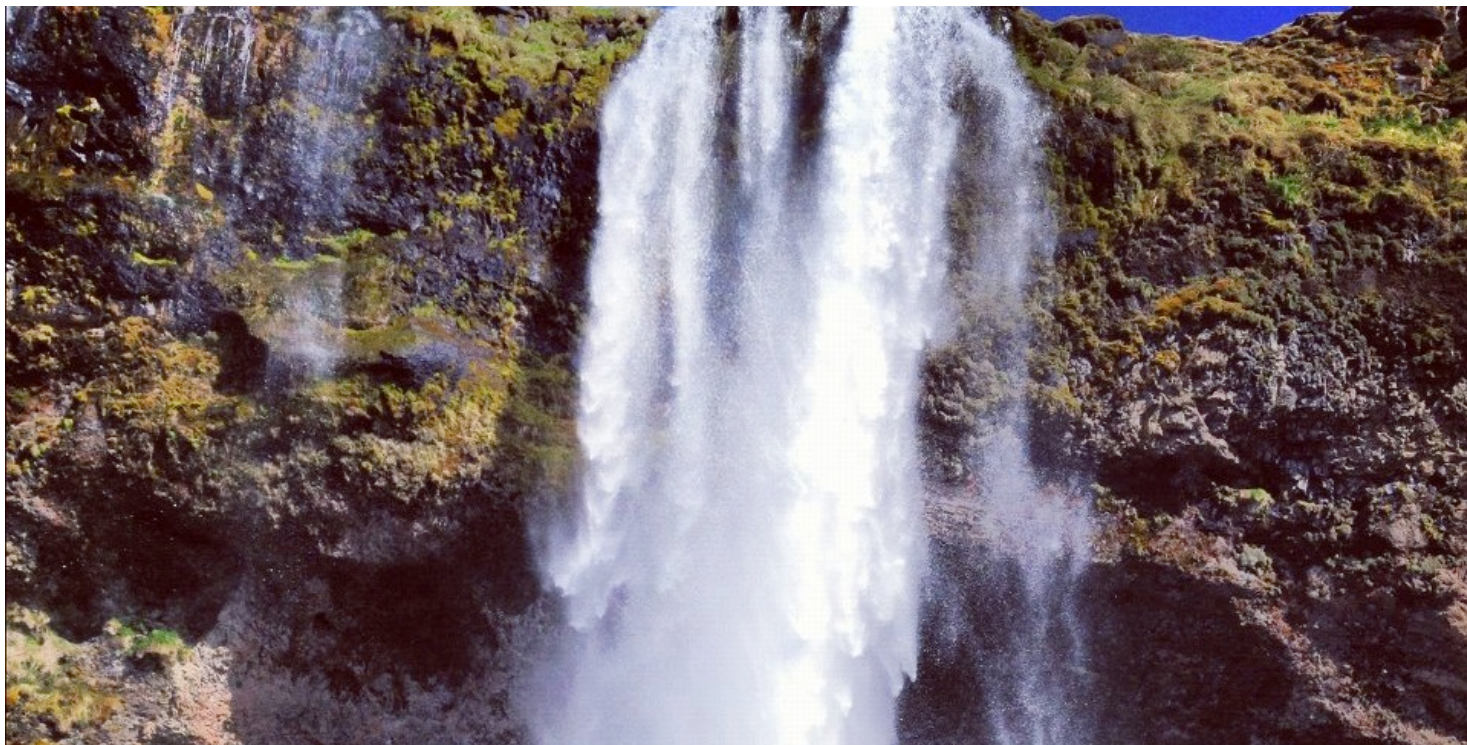
Hotel Fljótshlíð - Hvolsvöllur, Iceland

PHONE: (354) 487 1416

EMAIL: SAMARATUN@SMARATUN.IS

WEBSITE: www.smaratun.is/





Be Sure to Remember:

Access the Accepted Students Portal using your username/password from your original Acceptance Email.

Reminder #1: Fill out the **Student Roster Form** completely and be sure to upload a copy of your passport, health insurance card, and a photo of yourself.

Reminder #2: Complete your **Flight Form** online after checking your itinerary with your Personal Representative.

Reminder #3: Upload your **Medical Forms & Travel Documents** on the Student Portal

Reminder #4: Enroll on the **GREEN Alumni Network** to give you access to our resources.

Reminder #5: Inform your Bank of your travels so that there are no interruptions with your banking card services if you choose to use your debit or credit cards internationally.

