

The William J. Harrington Programs for Latin America and the The Caribbean and Global Observerships 1400 NW 10th Avenue, Dominion Tower, Suite 201, Miami, Florida 33136

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MONTH	DAY VEAR Phon	e (305) 243-6826 Fax (30	05) 243-6830 - <i>A</i>	Attach to front of	f application		
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Observer's I	Name	Observership Period			Total Amount		
First name	Middle name	Last name	FROM: month - day - year TO: month - day -			ar	
Financial Info	ormation-Authoriz	zation:					
CIRCLE the Credit Card Type Account number				Expiration date		Security Code	Total Amount
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By signing this form, I authorize the University of Miami to charge the credit Card(s) as stated above as payment to cover the Application Processing Fee and/or the Administrative Fee.

CANCELLATION POLICY

All administrative fee payments are due two months prior to the beginning of your first rotation. Cancellations must be received 30 days prior to your start date to receive a refund. NO REFUNDS for cancellations received within 30 days of start date.