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**CENTER FOR GLOBAL EDUCATION AT AUGSBURG COLLEGE**

**EMERGENCY CONTACTS FORM**

Institution:

Travel Dates:

Program Title:

**Contact details of leader(s) traveling with the group:**

**NOTE: If the leader(s) will be carrying a personal or institutional cell phone, please check with the service provider about coverage in the countries the group is visiting.**

**Primary Leader:**

Name:

Cell phone number during travel seminar (optional):

Email:

**Additional Leader:**

Name:

Cell phone number during travel seminar (optional):

Email:

**Contact person(s) in the United States with whom CGE should communicate in case of an emergency or serious problem/situation:**

**Primary contact person:**

Name:

Job Title:

Cell phone:

Office phone:

Hours available:

**Additional contact person:**

Name:

Job Title:

Cell phone:

Office phone:

Hours available:

**Additional emergency information regarding your group of which CGE should be aware**:

Center for Global Education at Augsburg College

2211 Riverside Avenue South

Campus Box 307

Minneapolis, MN 55454

Tel. 612-330-1159

Fax. 612-330-1695

Email: [globaled@augsburg.edu](mailto:globaled@augsburg.edu)