Global Safe Haven Network
ENROLLMENT FORM

Name of Organization:	Phone:	
Address:	Fax:	
	E-mail:	
Contact Person:	Phone:	E-mail:
Alt. Contact:	Alt. Phone:	Alt. E-mail:

Type of Business:

Hours and Days of Operation:

Number of employees present during operating hours: _____ Total number of employees: _____

Services offered: ____ phone ____ Internet access ____ lodging ____ bathroom facilities

____ electrical outlet ____ food, drink ____ transportation ____ ATM

____ Other (Please list):

Please describe the physical location of and way finding information for your safe haven (in a mall, street intersection, landmarks nearby, urban or suburban, etc):

Please list resources located near you (hotel/hostel, food, transportation, etc.) to which you could recommend a traveler in need:

Is there a front window or door where a GSHN sticker or poster can identify your location as safe? ____ Yes ____ No

If not, how will your location be known as a safe haven?

In what other ways are you willing to support GSHN? ____ discounts ____ contribution of products/services

____ offer travel-related products Other (Please describe):

When complete, please submit this form to: Global Safe Haven Network – Locations
5699 Kanan Road, Suite 234
Agoura Hills, California 91301

Fax: 877.AIK.7549, Int'l F: 818.728.0230

For questions/concerns, please contact Jacqueline Brown at 877.AIK.7550, Int'l P: 818.728.8225
Or jbrown@aikfoundation.org