



VAPOR MINISTRIES

# EMPOWER '22

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## HAITI

MARCH 29- APRIL 3

COST: \$1600 + AIRFARE

**V**  
**VAPOR**  
MINISTRIES

2022

# INFORMATION



Trips with Vapor Ministries offer a one-of-a-kind experience, designed to connect you more deeply with God, His heart for those in poverty and Vapor Ministries' role in sacrificially serving others in His name.

Your trip begins with an important time of training and orientation at Vapor's headquarters in the beautiful countryside of Alabama. After learning about cross-cultural service, you'll embark on a life-changing adventure to our centers in Haiti.

You will see firsthand the realities of the third world and be able to take part in a relevant & effective solution to a worldwide crisis as you participate in the vision of Vapor Ministries. You will powerfully connect with two different communities in Haiti and experience life there in unforgettable ways.

## DEADLINES

Vapor Ministries establishes sustainable centers for alleviating poverty and multiplying disciples in third-world environments.

Oct 1, 2021

\$200 + Application

Nov 19, 2021

\$1,400

Jan 28, 2022

Airfare Amount

\* Airfare costs will be quoted no later than 6 months before your trip. Cost does not include transportation from your hometown to Vapor Ministries' headquarters in Alabama. All lodging, food and other costs for the trip are included in the cost above. Vapor Ministries does everything in its power to responsibly steward God's resources.

# COME LEARN! COME SEE!



Vapor trip participants come from a wide variety of backgrounds. Some people come with very little international travel experience, while others may consider themselves “mission trip junkies.” We thank God for all who seek to more actively participate in His global agenda. There are many amazing, Kingdom-minded entities serving the nations in a variety of ways and with a variety of methods for how their specific entity’s trips are carried out. At Vapor Ministries, we have a very focused mission. In light of our commitment to pursue solely this mission, we feel that it is important to share with you who we are and how that affects Vapor trips.

**Our mission statement is:**

**Vapor Ministries establishes sustainable centers for alleviating poverty and multiplying disciples in third-world environments.**

You may notice the absence of the word “trips” in the above statement. So... then why do we take trips? Great question!

We take people on trips with Vapor Ministries because, when carried out well, trips can greatly impact people’s lives and ultimately serve to support Vapor’s overall mission.

In order to stay missionally focused, while providing a powerful international experience, we have identified four major aspects that drive how we conduct our trips:

# 4 TRIP DRIVERS

## 1. Spiritual & Personal Development

Vapor Ministries trips can be life transforming for each participant. We equip each guest with a booklet full of personal and spiritual growth material. Each morning of the trip, a Vapor Ministries leader helps unpack Biblical teachings. Each afternoon, your leader facilitates community-debriefing times where participants are able to work through their experiences. Each evening, trip participants are encouraged to personally capture what is happening in their hearts using their Vapor Ministries journal. We have found that a “trip done well” can be a catalyst for spiritual growth long after a trip participant’s return.

## 2. Awareness & Advocacy Experience

Vapor Ministries trips can help individuals connect their voice with the billions of under-heard people living in poverty, who often lack adequate representation. Our trips provide an opportunity to experience a small taste of how life is in third-world environments. We create space to build understanding and form relationships with amazing men, women and children living in some of the poorest places on earth. Our hope is that in the process, statistics actually become names, faces and relationships. We pray that when participants return, advocacy becomes a natural byproduct of the time spent with those we serve.



# 4 TRIP DRIVERS



## 3.

### Mission & Vision Participation

Vapor Ministries trips provide opportunities for service. We invite individuals and families to be participants in our ongoing mission. Whether someone is traveling to one of our operating centers or to a center still in its implementing phase, there is always a “doing” portion of a trip. We plug guests into service roles under the guidance of our indigenous leaders in a way that lifts up our international staff. Though this portion of a trip does not control the calendar it is an integral part. Whether trip participants find themselves primarily sharing the gospel, helping teach a lesson or laying a little brick, all service given at centers (in a culturally sensitive and wise manner) will outlive a trip participant’s time spent serving.

## 4.

### Cross-Cultural Encounter

Vapor Ministries trips provide rich cultural experiences, where participants can absorb life done a little differently in another part of the world. Participants have unique opportunities to participate in customs common to the areas in which we serve. From bargaining in local markets, to tasting local cuisine, to viewing local scenery and praising our Maker in native tongues, trip participants learn about another culture firsthand. We ensure that there is a healthy mix of familiar and foreign aspects to the trip. We hope that the cultural aspects of our trips help participants better embrace how Christ is uniquely working in all nations.

# VAPOR MINISTRIES TRIPS

Simply put, Vapor Ministries' very focused mission is to establish self-sustaining centers for alleviating poverty and multiplying disciples in third-world environments. Trips are not our main goal or focus. Yet they are very important to Vapor Ministries.

It is our desire and intention to protect our centers' regular activities and outreach with as minimal interruption as possible. We aim to lift up and encourage our international staff and, as a team, will defer to Vapor Ministries leadership and guidance when decisions need to be made.

As you will see in your cross-cultural training, the American way of life is not the norm for where we serve. We will leave our "normal" behind and enjoy a new point of view, where every moment is not clock-driven or agenda-dictated.

It is not about "us" and "them." Instead, it's all about "HIM." Remember that we are representing Christ and His love at all times in every circumstance.

Space has been created to build understanding of the devastating, abject poverty so many people experience daily. Our hope is that in the process, statistics actually become names and faces. We pray that when you return from your trip, advocacy will be a natural byproduct of the time spent with those we serve this week.

Whatever part you play in the work at the center on your trip, you can know for sure that your service will surely outlive your time there. This short-term trip will have long-term impact that you may never even know this side of Heaven.

**MEET  
NEEDS.  
FEED  
SOULS.  
ELEVATE  
GOD.**



# TRIP CANCELLATION

## Guest Initiated Cancellation

If a confirmed guest decided not to go on their trip, regardless of the reason, he or she is not guaranteed any refund. However, Vapor Ministries will do our best to refund whatever portion has not already been passed on to various service providers we use. That guest will be responsible to pay all non-refundable deposits and their share of any pre-arranged group activities such as humanitarian aid items, work projects, group tours, etc.

## Vapor Ministries Initiated Cancellation

### Lack of Interest

Vapor Ministries secures group rates and plans trips based on a minimum of 12 participants per trip. In the event that a trip reached 3 months prior to launch with fewer than 12 guests, we may have to cancel the trip. If Vapor Ministries cancels a trip due to lack of interest, guests will be reassigned to another trip as soon as possible. If a guest is unable to be reassigned, they will receive a refund for all monies sent to Vapor Ministries for that trip.

### Safety & Security

Vapor Ministries does our best to stay on top of world events, weather forecasts and security concerns in the areas we serve. While each individual on a team is responsible to make his or her own decision about whether their personal security would be at risk, there may be a time when Vapor Ministries feels that the security of our team is at too great a risk to continue with a trip. Criteria for this decision is available upon request. If Vapor Ministries cancels a trip due to safety concerns, guests will be reassigned to another trip as soon as possible. If a guest is unable to be reassigned, they will receive a refund for all monies sent to Vapor Ministries except any lost in deposits or non-refundable pre-paid items.

# TO SECURE YOUR SPOT

## 1

### Trip Application

Complete the trip application, then scan and email to:  
[asmith@vaporministries.org](mailto:asmith@vaporministries.org)

## 2

### Passport copy

Make a color scan or take a clear picture of the information page of your passport, and email it to:  
[asmith@vaporministries.org](mailto:asmith@vaporministries.org)

## 3

### \$200 Deposit

You can pay online at  
[www.vaporministries.org/donate](http://www.vaporministries.org/donate)

or send in a check to:

Vapor Ministries  
338 Talladega Springs Rd  
Sylacauga, AL 35151



Vapor Ministries handles all trip logistics and guides participants through the application process, ensuring that each Vapor trip goes smoothly and successfully. Please contact Ashton, our trips coordinator, at [asmith@vaporministries.org](mailto:asmith@vaporministries.org) if you have any questions, or visit [www.vaporministries.org](http://www.vaporministries.org) for more trip information. Please note that each trip participant is not considered "confirmed" until we have received a trip application and initial deposit. Vapor Ministries trips can fill up quickly, so please secure your spot early!

# FAQ'S

## 1. What payment and application deadlines do I need to meet to participate in a trip?

Traditionally, a deposit of \$200, a completed application, and a color copy of your passport information page will secure your spot on the trip.

## 2. What do we do on a Vapor Ministries trip?

At Vapor Ministries, we have a very focused mission. In order to maintain this focus, while providing a powerful international experience, we very intentionally schedule and plan each trip. All Vapor Ministries' trips start with a time of cross-cultural training and orientation at our headquarters in Sylacauga, AL. From there your team will travel together to our center, where you will see and experience Vapor Ministries' work in various ways. As a trip group you will experience: daily operations at the center, youth and staff discipleship, league practice, a small work project, meals in staff homes, community interaction, and immersion in a different culture. Space has been created in schedule to build understanding of the devastating, abject poverty so many people experience daily. Our hope is that in this process, statistics actually become names and faces. We pray that when you return from your trip, advocacy will be a natural byproduct of the time spent with those we serve this week.

## 3. Visas

For the vast majority of our trips, your visa can be taken care of once the trip has started. We have built the visa into your trip cost for trips to Haiti and Togo, so you don't have to make any arrangements in advance. For Kenya trips, visas must be applied for online and cost \$50. We have any information packet put together for that and will help you walk through the process.

## 4. Vaccines/Medications

Vapor Ministries does not require trip participants to receive certain vaccinations in order to participate on Vapor Ministries trips, and we cannot legally make personal recommendations for trip participants. We do, however, recommend that each participant visit the Center of Disease Control and Prevention's Website to learn about which vaccines and/or medications are recommended for travelers who visit the specific country you will be visiting on your Vapor Ministries trip, and that you also discuss the best options for you with your family doctor or travel doctor.

## 5. What if I can't play soccer?

That's okay! Vapor Ministries is much more than sports! You'll have plenty of opportunities to interact with kids in the leagues, encouraging them and getting to know them--and you don't have to be the least bit athletic to do that!

# FAQ'S

## 6. Can I fundraise my trip?

Many people choose to pay for their trip through fundraising efforts. We can provide you with information to help supplement your efforts. Whether you are personally paying for your trip, or others are contributing, the same deadlines apply.

## 7. Can I meet the child I'm sponsoring through Hasmin's Friends?

If you are visiting the center your child attends, we may be able to schedule a meeting with your child, your child's family and the Child Education Coordinator at the center. If you would like more information about the Hasmin's Friends program, please email [ismith@vaporministries.org](mailto:ismith@vaporministries.org) for more info.

## 8. What if Vapor Ministries cancels the trip? What if I need to drop out of a trip?

Please see our Trip Cancellation Policy in this trip packet.

## 9. What is the dress code for Vapor Ministries trips Are women expected to wear skirts in the cultures we are visiting?

We do not have a strict dress code, with the exception of asking guests to refrain from wearing spaghetti strap shirts, very short shorts, or t-shirts with inappropriate messages on them. In the areas where we work, women are not expected to wear only skirts. Some of our female guests find them more comfortable, while some would rather wear longer shorts or pants. You are welcome to pack as you choose. As you are preparing for the trip, please keep in mind that you are not only representing yourself and Vapor Ministries, but Christ.

## 10. I would like to bring some items to leave behind at the center. What items are needed, and what procedure do I need to follow?

If you are interested in doing this, please email [asmith@vaporministries.org](mailto:asmith@vaporministries.org) for information on what you can bring. If you would like to pack clothes to wear on the trip and leave them at the center, there will be a time on the last day where you can set aside items (both items you wore and items that you didn't wear).

## 11. I have traveled a lot - do I really need to come to the Cross-Cultural Training?

Just like two different families on the same street can have very different cultures inside their respective house, the different locations we work in have different cultures. Cross-cultural training is a very intentional & necessary time for you to get to know your teammates and learn both about the culture of the communities you will be visiting, but the culture of the Vapor Ministries' centers. This time of cross-cultural training will take place on the first day of your trip at our headquarters in Sylacauga, AL



## Vapor Ministries Trip Application Form

Name/date of Vapor trip you are applying for \_\_\_\_\_

### Applicant Information

Legal Name (as it appears on passport) \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender (please circle) **Male** **Female**

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number(s) \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

Favorite candy (please circle)  
Hershey's Bar      Skittles      Trail Mix      Reese's Cups      Starburst      Gum      None

T-shirt size (please circle)      Adult:      **S**      **M**      **L**      **XL**      **XXL**  
Youth:      **S**      **M**      **L**

Passport number \_\_\_\_\_

Passport issue date \_\_\_\_\_

Passport expiration date \_\_\_\_\_

\*\*\*Your passport must be valid for at least 6 months after the date of travel.

### Personal History

Are you a U.S. citizen? (please circle) **Yes** **No**

Have you been charged or convicted of a crime? (please circle) **Yes** **No**

If yes, please explain: \_\_\_\_\_

Have you been charged with sexual abuse? (please circle) **Yes** **No**

If yes, please explain: \_\_\_\_\_



## Personal and Spiritual information

I am currently: (please circle)

Single

Married

Divorced

Widowed

What is your occupation (if working) or grade level (if still in school)? \_\_\_\_\_

How are you familiar with Vapor Ministries?

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Why do you want to be part of this particular Vapor Ministries trip? \_\_\_\_\_

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What mission trip experience have you had in the past, if any? \_\_\_\_\_

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Please list two interesting things about you that most people do not know.

1)

2)

Church you attend \_\_\_\_\_

Church phone number \_\_\_\_\_ Denomination \_\_\_\_\_

Please describe the ways you are involved with your local church.

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Please write a brief testimony describing how you became a Christian and about your spiritual journey since then.

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## Medical Information

Please check all that apply.

I do not have any medical problems that could cause difficulty on this trip.

I have a medical condition(s) that might cause difficulty on this trip.

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

I have allergies.

If so, please describe: \_\_\_\_\_

## Travel Information

\*\*ALL TEAM MEMBERS ARE RESPONSIBLE FOR ORGANIZING THEIR TRANSPORTATION TO VAPOR HEADQUARTERS BEFORE THE TRIP BEGINS.

I will be (please circle answer)    **driving**    **flying**    **other**    to Vapor's headquarters.

If flying, what airport will you be departing from? \_\_\_\_\_

If other, please explain: \_\_\_\_\_

## References

Please list one personal and one pastoral reference (not including family members).

1) PERSONAL reference name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_ Years known \_\_\_\_\_

2) PASTORAL reference name \_\_\_\_\_

Title/Position \_\_\_\_\_ Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_ Years known \_\_\_\_\_



## Vapor Ministries Trip Financial Policies

- 1) Deposit fees are non-refundable. Deposit fees differ from trip to trip, depending on destination.
- 2) Vapor has the option to release reserved spaces if deposits are not paid or if paperwork is not submitted by your trip due dates/deadlines.
- 3) All contributions/payments received in excess of trip fees will be used in support of the mission and cannot be refunded or used to reimburse expenses for the group/individual(s) participating.
- 4) Participants may not be allowed to attend the trip if there is an outstanding balance due.
- 5) Vapor International is a 501(c)3, not-for-profit organization.

Please sign below to acknowledge that you have read and understand Vapor's trip financial policies, and that you agree to adhere.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_



## Talent Release Consent Form

All adults must complete this form. All minors must have their parents and/or guardians complete this form.

Vapor Ministries uses photographs, videos and testimonials taken/recorded on Vapor Ministries' trips for various media, promotional or marketing materials. We ask for your permission to allow the use of those photographs, videos and/or testimonials in print or online publications that promote Vapor Ministries or Vapor Ministries' trips, according to Vapor Ministries' discretion.

Please sign below that you have read, understand and agree to the following:

I hereby consent for Vapor Ministries to use, reproduce, exhibit or distribute (in full or in part) any photographic, video, film and/or audio recordings made of me (or my child) or my (my child's) likeness, or taken by me (or my child); and/or any written extract of such recordings in which I (my child) may be included, for any purpose whatsoever, in any medium now known or in the future invented.

I hereby release, discharge, and agree to hold harmless Vapor Ministries and all persons acting under its permission or authority from any liability or injury that may occur while performing in, appearing in, or providing said video, audio or photographic production.

Talent (trip participant) signature \_\_\_\_\_ Date \_\_\_\_\_

Talent (trip participant) printed name \_\_\_\_\_

\*\*PARENTS/GUARDIANS MUST SIGN IF APPLICANT IS UNDER 18 YEARS OLD:

Legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Legal guardian printed name \_\_\_\_\_



## Emergency Contact Information

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number(s) \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

## Personal Medications

If you are currently taking prescription or over-the-counter medications, please describe in detail (name of drug and daily dosage): \_\_\_\_\_

## Tetanus (DPT) Vaccine

I received my latest tetanus shot on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

## Insurance Information

### Primary Insurance

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Name of family doctor/practice \_\_\_\_\_

Phone Number \_\_\_\_\_

### Secondary Insurance (if applicable)

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Name of family doctor/practice \_\_\_\_\_

Phone Number \_\_\_\_\_



## Vaccination Information

Vapor Ministries does not require trip participants to receive certain vaccinations in order to participate on Vapor trips, and Vapor Ministries cannot legally make personal recommendations for trip participants.

Vapor Ministries does, however, recommend that each participant visit the Center for Disease Control and Prevention's website (<http://wwwnc.cdc.gov/travel/destinations/list.htm>) to learn about which vaccines are recommended for travelers who visit the specific country (or countries) you will be visiting on your Vapor Ministries' trip, and that you also discuss the best options for you (personally) with your family doctor or a travel doctor. Please check the appropriate box(es) on this form.

I have chosen to not receive any vaccinations.

If you have received vaccinations, it is important and necessary for Vapor Ministries to know which ones. In the list below, please check all vaccinations that you've had and record the date on which you received them.

	Month	Day	Year
<input type="checkbox"/> Hepatitis A	_____	_____,	_____
<input type="checkbox"/> Hepatitis B	_____	_____,	_____
<input type="checkbox"/> Typhoid	_____	_____,	_____
<input type="checkbox"/> Yellow Fever	_____	_____,	_____
<small>**Please note that a current Yellow Fever vaccine may be required to obtain entry visas for certain countries. Vapor Ministries' trips coordinator will notify you if this is the case for the Vapor trip in which you are attending.</small>			
<input type="checkbox"/> Meningococcal (Meningitis)	_____	_____,	_____
<input type="checkbox"/> Rabies	_____	_____,	_____
<input type="checkbox"/> Measles/Mumps/Rubella (MMR)	_____	_____,	_____
<input type="checkbox"/> Poliovirus	_____	_____,	_____
<input type="checkbox"/> Other ( _____ )	_____	_____,	_____

## Preventative Medication Information

If you choose to take any medications to prevent illnesses while traveling (in addition to any routine medications you normally take) during this Vapor Ministries trip (i.e. antidiarrheal or antimalarial drugs), please record them in detail below. Please note that your routine medications should be listed on page 4 of this packet in the appropriate blanks.

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## Medical Emergency Treatment Release Form

\*\*PLEASE COMPLETE THIS SECTION IF YOU ARE 18 YEARS OF AGE OR OLDER.

Authorization of Consent to Treatment: I \_\_\_\_\_, do hereby authorize Vapor Ministries' leaders as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Vapor Ministries' leaders, servants, staff, and board of directors will not be responsible for immunizations, injuries, and or other incidents that may happen while on a trip or traveling. Individuals traveling internationally can check with the CDC website for immunization(s) recommendations.

This authorization shall remain effective for one full calendar year starting upon signature date, unless sooner revoked in writing delivered to said agent(s).

### Release of Vapor Ministries:

\_\_\_\_\_ shall indemnify, hold free and harmless, assume liability for, and defend Vapor Ministries, its agents, servants, staff, and board of directors from death, personal injury, illness, and unexpected expenses, which Vapor Ministries, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of my mission trip travel associated with Vapor International and its agents, servants, employees, officers, and directors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_



## Medical Emergency Treatment Release Form - For Minors Only

**\*\*TO BE FILLED OUT BY PARENTS IF APPLICANT IS UNDER 18 YEARS OLD.** All minors must have their parents and/or guardians complete this form.

**\*\*ATTENTION PARENTS/GUARDIANS:** Please read this form carefully, then sign and date. This form must be signed by both parents/guardians. This includes separated or divorced parents/guardians.

In the event of an emergency requiring medical treatment, I give permission for the leaders of this trip to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat \_\_\_\_\_ (child's name) as deemed necessary.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Yes, I agree that my child can go with VAPOR MINISTRIES on the international vision trip. In consideration of VAPOR organizing, arranging and permitting me to participate in this trip. I hereby waive all rights which I may now have or which may accrue to me in the future against VAPOR, its respective directors, officers, employees, and members (collectively the VAPOR representatives), and I hereby release and discharge VAPOR and any VAPOR representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at or participation in VAPOR trips.

I acknowledge that certain legal rights against VAPOR or VAPOR REPRESENTATIVES may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release liability, my spouse and I are forever relinquishing those rights against VAPOR or VAPOR REPRESENTATIVES. I acknowledge that no promises, representation, or affirmations or facts were made to me by VAPOR or VAPOR REPRESENTATIVES concerning the safety of this trip, the security precautions taken in sponsoring the trip, the relative safety or danger associate with traveling, participation in any activity associate with or connected in any way to the trip and affirm that I have read and understand the foregoing provisions of this waiver and release of liability as a condition to my child's attendance on this trip.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number(s) \_\_\_\_\_ E-mail Address(es) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number(s) \_\_\_\_\_ E-mail Address(es) \_\_\_\_\_