



# Intrax Career Training

## ICT Participant Agreement

Participant Name:	Participant ID Number:
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Please read this document carefully, and make sure that you understand it fully before you sign it.

**I agree to the following ICT Participant terms & conditions as an exchange visitor under ICT sponsorship.**

- I certify that the information given in this form, the application and the training plan are complete and accurate.
- I understand that the intent of the J-1 Exchange Visitor Visa Program is to allow me to enhance my skills and improve my business knowledge of American methods that will be useful to me when I return home. I won't seek any changes in visa status during my J-1 visa program that is sponsored by ICT
- My legal sponsor is ICT while I am in the United States as a J-1 participant. While I am sponsored by ICT, I won't seek a training position with any other company /organization in the United States.
- A DS-2019 Form enables me to apply for a J-1 Trainee visa. The United States Embassy or Consulate may grant or deny my application for a visa. ICT is not responsible for and cannot control or change their decision. Even if I receive a J-1 Trainee visa, I may be denied entrance into the United States by the U.S. INS. ICT is not responsible for and cannot control or change any denial of entrance into the United States.
- I can speak, read and understand English in the business environment, as required by Intrax.
- My Training Program must comply with all the terms and conditions stated in the Training Plan, as approved by ICT. Changes to the Training Program may be granted by ICT only under unusual circumstances, in ICT's sole discretion, and only with advanced written approval. Failure to secure ICT's advanced written approval of any changes in the training program, such as a change in training plan, training location and training period, will result in my dismissal from the ICT program.
- I am responsible for making my own travel and housing arrangements, and must provide my travel and housing plans to ICT's local partner in my home country at least two (2) weeks prior to arrival in the United States. ICT is not responsible for making or assisting me to make travel or housing arrangements.
- The medical insurance coverage included in my ICT Program fee does not cover any additional administrative costs charged for support from ICT's local partner in my home country for services rendered. Medical insurance coverage for the thirty (30)-day grace period beyond the program end date listed on my DS-2019 Form is not included in my ICT Program fee, but may be purchased from and paid directly to ICT.
- Within three (3) days of arriving in the United States, I will confirm my arrival with ICT by returning the Check-in Form that I will receive in my DS Packet, or by calling (toll-free) 1-877-

674-5260. ICT will initiate my medical insurance only upon confirmation of my arrival. Failure to confirm my arrival with ICT will result in my dismissal from the ICT Program.

- I will report to the host company listed in section #1 on my DS-2019 Form by my program start date listed in section #3 of my DS-2019 Form. Failure to do so will result in my dismissal from the ICT Program.
- If I change my address and phone number while in the United States, I will notify ICT and the US Citizenship and Immigration Services (USCIS) within three (3) business days. Failure to do so may result in my dismissal from the ICT Program.
- The maximum length of stay for an internship/training experience, as mandated by the U.S. Department of State is eighteen (18) months. I will not participate in training beyond the program end date listed on my DS-2019 Form, and I will leave the United States within thirty (30) days of the program end date listed on my DS-2019 Form. I understand that overstaying my visa or violating the terms of my visa may result in notification to the U.S. Department of State and the USCIS, federal fines, and disbarment from re-entry to the United States for a period of up to ten (10) years.
- If I am dismissed from the ICT Program for any reason, I will be out of status with my J-1 visa and will no longer have medical insurance. Once I am out of status, I must leave the United States within fifteen (15) days or face further penalties. I understand that program dismissal may also result in notification to the U.S. Department of State and the USCIS, an early return to my home country at my expense, federal fines, and possible disbarment from re-entry to the United States for a period of up to ten (10) years.
- I will read, and follow the ICT Policies listed in the ICT Participant Handbook.
- I confirm that I have paid ICT Program fees to ICT's local partner in my home country and understand and agree to the Program fee provisions.
- I understand and agree to the Refund Policy according to the local partner.
- While in the United States, I will obey all federal, state, and local laws.
- **I understand and agree to the ICT Participant Terms& Conditions. ICT will withdraw its sponsorship and I must leave States immediately if I do not fulfill my obligations and responsibilities as stated.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_