



Agustin E. Auffant, MA/CAGS
Auffant College Connection
1959 Loiza Street
Suite 205
San Juan PR 00911
Tel: 787-304-5200
Fax: 786-221-2221
auffant@theuniversityzone.com
www.theuniversityzone.com

2025 Dominican Republic University Tour
Fall Undergraduate Tour
29 September – 1 October 2025
Santo Domingo

For **40 years**, Auffant College Connection has been the trusted bridge between top-tier universities and the Dominican Republic's brightest students. After a brief pause, we're proud to relaunch our **flagship 3-day recruitment tour**—now with enhanced exclusivity and student matching for even greater ROI.

Meet Your Ideal Candidates

Connect with pre-screened, high-achieving students from 10–22 elite Dominican high schools, actively seeking programs in:

- ◆ STEM & Engineering
- ◆ Health Sciences & Medicine
- ◆ International Business & Economics
- ◆ Architecture & Design
- ◆ Liberal Arts & Humanities

The cost to participate is **\$3180.00**. (all-inclusive 3-day program)

Early Bird Special is **\$2880.00** if registered by **August 15, 2025**—*save \$300 and secure prime branding placement.*

What's Included:

- Airport/high school transfers + logistics support.
- Custom analytics report post-event (student interests, demographics).
- Social media spotlight to 50K+ families in our network.

Sincerely,

Agustin E. Auffant, MA/CAGS
President

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REGISTRATION FORM

University Name: _____

Address: _____

Contact Person: _____

Telephone: _____ **Fax:** _____ **Email:** _____

UNIVERSITY FAIR REGISTRATION

_____ **\$3180.00** **2025 Dominican Republic College Fair: 29 September – 1 October 2025**
_____ **\$2880.00** Early-Bird Special by **15 August, 2025**

The registration includes:

(Airport transfers, local ground transportation to schools; publicity, logistics and experienced group leader)

Make Check Payable to:

AUFFANT COLLEGE CONNECTION, INC

(Mailing address)

Auffant College Connection

1959 Loiza Street

PO Box 6211

San Juan PR 00914

Tel: 787-304-5200 Fax: 786-221-2221

auffant@theuniversityzone.com

Credit Card Information

Name as it Appears on Card: _____ Expiration Date: _____

Credit Card Number: _____

Type Card (Visa-MC-AX): _____ Authorization Code (3 numbers): _____

Billing Address: _____

City, State and Zip: _____

Please include a copy of the credit card (front and back)

A fax photocopy of this authorization shall be as valid as the original

Signature: _____ Date: _____