

TRIP DETAILS FOR ASC PARTICIPANTS

Date: _____

Return this form via:

Box: <https://nsf-usap.app.box.com/>

Mail: ASC Travel, 7400 South Tucson Way, Centennial, CO 80112-3938

Fax: 303-705-0742

Please print clearly or type.

LAST NAME: <i>(exactly as it appears on passport)</i>	FIRST NAME:	MIDDLE NAME:	SUFFIX: <i>(Jr, Sr, etc.)</i>
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			
ADDRESS DEPLOYING FROM:	MAILING ADDRESS: <i>(if different)</i>	CONTACT INFO: CELL: _____ HOME: _____ PREFERRED EMAIL: _____	
CLOSEST MAJOR AIRPORT NAME:			

**Physical address local to AOD required for mileage reimbursement (no P.O. boxes).*

EMERGENCY CONTACT INFO:	Home Phone:
Name:	Cell Phone:
Passport Status: <input type="checkbox"/> Valid for six months after redeployment <input type="checkbox"/> No passport yet <input type="checkbox"/> Renewing	
FULL-TIME PERSONNEL: Any personal time? (Provide non-programmatic dates):	
TSA Precheck/Global Entry #:	
Dietary Restrictions: <i>You are responsible for airline meal surcharges.</i>	
Hotels Preference: All hotels rooms in NZ and Chile are non-smoking. Room Type: <input type="checkbox"/> 1 Bed <input type="checkbox"/> 2 Beds Hotel Roommate (opt): No Hotel Required: <input type="checkbox"/> Local contact phone number:	
Grantees/FT Employees: Carrying high-value equipment (single piece of equipment worth more than \$1,000, excluding laptops or cameras)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grantees: Will you require a visa support letter? This only applies to those traveling on passports from non-visa waiver countries. A list of visa waiver countries can be found here.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

