

# TRIP DETAILS FOR ASC PARTICIPANTS

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

Return this form to: ASC Travel, 7400 South Tucson Way, Centennial, CO 80112-3938  
Fax: 303-705-0742; phone: 800-688-8606 x33202 or 303-790-8606 x33202

*Please print clearly or type.*

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

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

<b>EMERGENCY CONTACT INFO:</b>	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	
<b>FULL-TIME PERSONNEL:</b> Any personal time? (Provide non-programmatic dates):	
TSA/Global Entry #:	
Dietary Restrictions: <small>You are responsible for airline meal surcharges.</small>	
Hotels are assigned. 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: _____	
<b>Grantees/FT Employees:</b> 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	

