

TRIP DETAILS

FOR GRANTEES AND TECHNICAL EVENTS

Please submit all forms eight (8) weeks before your scheduled deployment date.
 Tickets are purchased no later than fourteen (14) days in advance.

NAME:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		TELEPHONE NUMBERS (include area code)	
MAILING ADDRESS (for luggage tags and travel documents):				CELL: _____ WORK: _____ HOME: _____ EMAIL(s): _____	
EMERGENCY CONTACT INFO: Name: _____ Relationship: _____				Home Phone: _____ Work Phone: _____ Cell Phone: _____	
Event #:		PI Name:		ASC Science POC:	
Destination (business-related stopovers must be approved by the NSF.): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MCM <input type="checkbox"/> South Pole <input type="checkbox"/> Palmer <input type="checkbox"/> Conference/Meeting: _____ </div> <div> <input type="checkbox"/> Vessel - Cruise #: _____ <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Port Call </div> </div>					
Travel Legs (The USAP tickets from the closest major airport.)					
From City/State or Airport	To City/State or Country	Departure Date (even if approximate)	Desired Departure Time (Earliest - Latest)	Desired Arrival Time (Earliest - Latest)	
			-	-	
			-	-	
			-	-	
Seating:* <input type="checkbox"/> Aisle <input type="checkbox"/> Window		Special Meals:*		Freq Flyer #(s):	
Are you traveling with other USAP participants? If so, whom?					
Excess baggage is anything over 2 bags at 50 pounds (23kg) each, or if any one piece of equipment is worth more than \$1,000. Excess Baggage?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the <i>USAP Excess Baggage Request and NZ High-Value Goods Declaration</i> form. <i>*You are responsible for airline surcharges.</i>					
Hotel Check-In Date:		Check-Out Date:			
Hotel in Christchurch:		Hotels in Christchurch are assigned			
Hotel in Punta Arenas:		1 st Choice		2 nd Choice	
Room Type:		<input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking		<input type="checkbox"/> Single <input type="checkbox"/> 2 Twin Beds <input type="checkbox"/> 1 Double Bed	
Roommate Request: _____					
No Hotel Required: <input type="checkbox"/>		Local contact phone number:			
Notes or Other Special Requests (the southbound default is 2 nights Christchurch; 1 night Punta Arenas):					

Return to ASC Travel, 7400 South Tucson Way, Centennial, CO 80112-3938
Fax: 303-705-0742



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