

# 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 (exactly as it appears on Passport):  |                          | Gender:<br><input type="checkbox"/> M <input type="checkbox"/> F |  | <b>TELEPHONE NUMBERS</b><br>(include area code)   |  |
| MAILING ADDRESS (Street, City, State, Zip Code, Country):  |                          |  |  | RESIDENCE: _____                                  |  |
| FEDEX ADDRESS, if different (no PO boxes please):  |                          |  |  | WORK: _____                                       |  |
|  |                          |  |  | CELL: _____                                       |  |
|  |                          |  |  | EMAIL(s): _____                                   |  |
|  |                          |  |  | _____   |  |
| Event #:   |                          | PI Name:   |  | ASC Science Planner:                              |  |
| Destination (business-related stopovers must be approved by the NSF.):   |                          |  |  |   |  |
| _____ MCM  |                          | _____ South Pole   |  | _____ Palmer                                      |  |
| _____ Conference/Meeting:  |                          | _____  |  | Vessel - Cruise #: _____                          |  |
|  |                          |  |  | Port Call _____                                   |  |
|  |                          |  |  | Other: _____                                      |  |
| 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:* ___ Aisle ___ Window   |                          | Special Meals:*  |  | Freq Flyer #(s):                                  |  |
| Are you traveling with others USAP participants? If so, who?   |                          |  |  |   |  |
| Excess baggage is anything over 2 bags at 70 pounds (32kg) each, or if any one piece of equipment is worth more than \$10K.          |                          |  |  |   |  |
| Excess Baggage?* ___ Yes ___ No    If yes, please fill out the USAP Excess Baggage Request and NZ High-Value Goods Declaration form. |                          |  |  |   |  |
| <i>*You are responsible for any airline surcharges.</i>  |                          |  |  |   |  |
| Hotel Check-In Date:   |                          |  |  | Check-Out Date:                                   |  |
| Hotel in Christchurch:   |                          | <u>Hotels in Christchurch are assigned</u>                       |  |   |  |
| Hotel in Punta Arenas:   |                          | 1 <sup>st</sup> Choice   |  | 2 <sup>nd</sup> Choice                            |  |
|  |                          |  |  | 3 <sup>rd</sup> Choice                            |  |
| Room Type:   |                          | ___ Smoking    ___ Non-Smoking                                   |  | ___ Single    ___ 2 Twin Beds    ___ 1 Double Bed |  |
| Roommate Request:    ___ Yes    ___ No    Name: _____  |                          |  |  |   |  |
| No Hotel Required:   |                          | Local contact phone number:                                      |  |   |  |
| Notes or Other Special Requests (the Southbound default is 2 nights Christchurch; 1 night Punta Arenas):                             |                          |  |  |   |  |
|  |                          |  |  |   |  |

**Return this form to ASC Travel Group, 7400 South Tucson Way, Centennial, CO 80112-3938**

**Fax: 303-705-0742    email: [deploy@usap.gov](mailto:deploy@usap.gov)**