

# TRIP DETAILS FOR ASC EMPLOYEES

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: <i>(exactly as it appears on passport)</i>	FIRST NAME:	MIDDLE NAME:	SUFFIX: <i>(Jr, Sr, etc.)</i>
NICKNAME:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	

MAILING ADDRESS:	DEPARTURE ADDRESS:* <i>(if different)</i>	CONTACT INFO:  CELL: _____ WORK: _____ HOME: _____  PREFERRED EMAIL: _____
------------------	--	--

Departing from:  Mailing address  Departure address\*    **U.S. Airport of Departure:** \_\_\_\_\_  
*\*Physical address local to AOD required for mileage reimbursement (no P.O. boxes).*

Passport Status:  
 Valid for three months after redeployment     No passport yet     Renewing

Job Title: \_\_\_\_\_ Winterover?  Yes  No

Employed by (check one):

<input type="checkbox"/> Amentum/PAE	<input type="checkbox"/> Leidos	<input type="checkbox"/> UTMB
<input type="checkbox"/> Gana-A-'Yoo (GSC)	<input type="checkbox"/> Parsons	<input type="checkbox"/> Other: _____
<input type="checkbox"/> GHG	<input type="checkbox"/> Six Mile	

Have you deployed before?  Yes  No    What year? \_\_\_\_\_

Dietary Restrictions:          <i>You are responsible for airline meal surcharges.</i>	Freq Flyer 1: Airline _____ FF # _____ Freq Flyer 2: Airline _____ FF # _____ Freq Flyer 3: Airline _____ FF # _____ Freq Flyer 4: Airline _____ FF # _____ TSA/Global Entry #: _____
--	---

Hotels: Hotels are assigned. All hotels rooms in NZ and Chile are non-smoking.

Room Type:  1 Bed  2 Beds    Hotel Roommate (opt): \_\_\_\_\_

No Hotel Required:     Local contact phone number: \_\_\_\_\_

