

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

U.S. or Canadian Airport of Departure (AOD):		
DEPLOYMENT ADDRESS:*	MAILING ADDRESS: <i>(if different)</i>	CONTACT INFO: CELL: _____ WORK: _____ HOME: _____ PREFERRED EMAIL: _____

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

Passport Status:
<input type="checkbox"/> Valid for six months after redeployment <input type="checkbox"/> No passport yet <input type="checkbox"/> Renewing

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? <input type="checkbox"/> Yes <input type="checkbox"/> No What season(s)? _____

Dietary Restrictions: <i>You are responsible for airline meal surcharges.</i>	United Freq Flyer #: _____ American Freq Flyer #: _____ Delta Freq Flyer #: _____ TSA/Global Entry #: _____
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Hotels: 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: _____

