

# 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 303-688-8606 x33202

NAME: <i>(last, first, full middle name)</i>		NICKNAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
MAILING ADDRESS:	PERMANENT ADDRESS: <i>(if different)</i>	CONTACT INFO: CELL: _____ WORK: _____ HOME: _____ EMAIL(s): _____	

Departing from: <input type="checkbox"/> Mailing address <input type="checkbox"/> Permanent address <input type="checkbox"/> Other: _____		AIRPORT OF DEPARTURE: _____
<i>Physical address required (no P.O. boxes) for mileage reimbursement.</i>		

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

Job Title:	Winterover? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employed by (check one):		
<input type="checkbox"/> Gana-A-‘Yoo (GSC)	<input type="checkbox"/> PAE	<input type="checkbox"/> UTMB
<input type="checkbox"/> GHG	<input type="checkbox"/> Parsons	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Leidos	<input type="checkbox"/> Six Mile	

Have you deployed before? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year? _____
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Special Meals:*	Freq Flyer 1: Airline _____ FF # _____
	Freq Flyer 2: Airline _____ FF # _____
	TSA/Global Entry #: _____

Hotel in Christchurch: <u>Hotels in Christchurch are assigned</u>			
Hotel in Punta Arenas: <i>1<sup>st</sup> choice, not guaranteed</i>	<input type="checkbox"/> Cabo de Hornos	<input type="checkbox"/> Diego de Almagro	<input type="checkbox"/> Dreams
	<input type="checkbox"/> Jose Nogueria	<input type="checkbox"/> Isla Rey Jorge	<input type="checkbox"/> straight to vessel
Hotel Check-In Date:		Check-Out Date:	
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			
Hotel Roommate: _____			
No Hotel Required: <input type="checkbox"/> Local contact phone number: _____			

\*You are responsible for airline surcharges.

