

TRIP DETAILS

FOR GRANTEES AND TECHNICAL EVENTS

Date: _____

Please submit all forms ten (10) weeks before your scheduled deployment date.

Tickets are purchased no later than twenty-one (21) days in advance.

NAME (<i>last, first, full middle name</i>): _____		NICKNAME: _____	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	CONTACT INFO: CELL: _____ WORK: _____ HOME: _____ EMAIL(s): _____ _____	
MAILING ADDRESS: _____					
EMERGENCY CONTACT INFO: Name: _____ Relationship: _____		Home Phone: _____ Work Phone: _____ Cell Phone: _____			
Event #:		PI Name:		ASC Science Implementer:	
Destination (business-related stopovers must be approved by the NSF): <input type="checkbox"/> MCM <input type="checkbox"/> South Pole <input type="checkbox"/> Palmer <input type="checkbox"/> Vessel - Cruise #: _____ <input type="checkbox"/> Port Call <input type="checkbox"/> Conference/Meeting: _____ <input type="checkbox"/> Other: _____					
Travel Legs (ASC tickets from the closest major U.S. international 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)	
			-	-	
			-	-	
			-	-	
Special Meals:*		Freq Flyer #(s): _____			
		TSA/Global Entry #: _____			
Are you traveling with other USAP participants? If so, whom? _____					
Carrying high-value equipment (single piece of equipment worth more than \$1,000, excluding laptops or cameras)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Excess baggage is anything over the 85 lb (38.5kg) Ice flight limit.			Excess Baggage?*		Extra Weight
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	
Hotel Roommate: _____					
No Hotel Required: <input type="checkbox"/>		Local contact phone number: _____			
Notes or Other Special Requests: _____					

*You are responsible for airline surcharges.

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

