TRIP DETAILS FOR ASC PARTICIPANTS

Return this form via:

Box: https://nsf-usap.app.box.com/

Mail: ASC Travel, 7400 South Tucson Way, Centennial, CO 80112-3938

Fax: 303-705-0742

Please print clearly or type.

LAST NAME: (exactly as it appears on passpor	<i>t</i>)	MIDDLE NAME:	SUFFIX: (Jr, Sr, etc.)
SEX: $\square M \square F$,		(01, 51, ctc.)
ADDRESS DEPLOYING FROM	MAILING ADDRESS: (<i>if different</i>)	CONTACT INFO: CELL: HOME:	
CLOSEST MAJOR AIRPORT NAME:		PREFERRED EMAIL:	
*Physical address local to AOD r	equired for mileage reimbursement (no	P.O. boxes).	
EMERGENCY CONTACT INI	F O: 1	Home Phone:	
Name:	Vame: Cell Phone:		
Passport Status: Valid for six months after rec FULL-TIME PERSONNEL:	leployment 🗌 No passport ye	t Renewing	
Any personal time? (Provide non-p	programmatic dates):		
TSA Precheck/Global Entry #:			
Dietary Restrictions:			
You are responsible for airline meal surcharges.			
Hotel Preference:All hotels rooms in NZ and Chile are non-smoking			
Room Type: 1 Bed	2 Beds Hotel Roommate (opt):		
No Hotel Required:	al contact phone number:		
			☐ Yes ☐ No
			Yes
from non-visa waiver countries. <u>A list of visa waiver countries can be found here.</u>			
<i>Grantees</i> : What is your event # or <i>airline and hotel reservations but</i>	group name you are traveling with (we it may not always be possible):	will strive to keep your group togethe	r for
Notes or Other Special Requirem			