

TRAVEL INFORMATION FOR ACADEMIC ADVISING CENTER

TRAVELER'S NAME _____

CONFERENCE NAME _____

CONFERENCE DATES _____

CONFERENCE REGISTRATION FEE _____

CONFERENCE LOCATION _____

LEAVE _____

DAY TIME

RETURN _____

DAY TIME

LIST BELOW ANY MEALS THAT ARE INCLUDED IN THE CONFERENCE REGISTRATION FEE: (b= breakfast; l=lunch; d=dinner)

FIRST DAY _____

SECOND DAY _____

THIRD DAY _____

FOURTH DAY _____

FIFTH DAY _____

HOTEL: _____ (Attached Documentation for Cost)
cost per night (single/double)

ROOMING WITH _____

CAR/VAN NEEDED? YES NO IF YES, MILEAGE _____

AIRFARE? YES NO IF YES, AMOUNT OF AIRFARE _____

TRAVEL AGENCY _____
(NAME)

PLEASE ATTACH YOUR CONFERENCE REGISTRATION FORM TO THIS REQUEST. IT IS YOUR RESPONSIBILITY TO MAKE HOTEL/MOTEL ARRANGEMENTS.