



Travel Registration Form

Course information:

Course name: SUPERINTENDENTCAREERTRAINING

Course start date: _____ Course end date: _____

Superintendents: *Thursday through Saturday.* **Mentors:** *Noon on Friday through Saturday.*
(attend with Superintendents for 1st session only)

Personal Information:

Name: _____

MUST match name on photo I.D. (drivers license, passport, etc.)

CHOOSE ONE: MENTOR INSTRUCTOR STUDENT

Contractor/JATC: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Travel Information:

Departure City (or airport): _____

Outbound Date: _____

Preferred departure time: _____

Return Date: _____

Preferred departure time: _____

Special Requests (see below): _____

Please fax this Travel Registration Form to the Travel Department at least **35** days prior to travel. We will do everything possible to meet requests for travel times, but it is our policy to ticket the least expensive flights available on the travel dates listed. Should you have special needs (such as needing to arrive back by 3 pm for a meeting, etc.), please list in the **Special Requests** section above. These tickets are usually non-refundable with fees for changes, so we need your commitment to attend this class and use the ticket as booked. Should you need to cancel the class and the airfare, you must call Cindy Orlinick prior to the start of the scheduled travel. Your Training Fund/Company may be responsible for costs associated with cancellations or changes. Return flights will not be booked for travel prior to 6:30 pm on the last day of class.

Participant Signature _____ Date: _____

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| Travel Department Cindy Orlinick 702-938-1111 x 2018 702-938-1122 (fax) Copy as Needed |
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