

## 2008 NCAR Undergraduate Leadership Workshop

### Participant Travel Information

Please fax or email this form to Tim Barnes [(303) 497-2598, tbarnes@ucar.edu ]as soon as your travel plans are firm, and no later than June 1, 2008.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate your travel plans:

#### By Air

Arrival date/time: \_\_\_\_\_ Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_ Arriving from: \_\_\_\_\_

Departure date/time \_\_\_\_\_ Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_ Destination: \_\_\_\_\_

By Auto (indicate approximate arrival date/time.): \_\_\_\_\_

If you have a car, are you willing to carry workshop participants on occasion with mileage cost reimbursement from NCAR?

Please circle: YES or NO

#### By Train

Arrival date/time: \_\_\_\_\_ Train #: \_\_\_\_\_ Arriving from: \_\_\_\_\_

Departure date/time: \_\_\_\_\_ Train #: \_\_\_\_\_ Destination: \_\_\_\_\_

Please describe your dietary restrictions, if any: \_\_\_\_\_

\_\_\_\_\_

Please indicate any accessibility or health issues of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

THANK YOU!