

2010 NCAR Undergraduate Leadership Workshop

Participant Travel Information

Please fax or email this form to Tim Barnes [(303) 497-1172, tbarnes@ucar.edu]as soon as your travel plans are firm, and no later than June 1, 2010.

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!