

SON TRAVEL WORKSHEET
(complete information below and attach registration and brochure)

Traveler's Identifying Information

Name _____
Address _____

Purpose of trip: _____ Present paper/poster _____ Professional development
_____ Other (please specify) _____

Transportation

_____ Air _____ Rail _____ Private vehicle _____ State vehicle
Departure Date _____ Preferred time of departure _____
Departure City _____ Arrival City _____
Return Date _____ Preferred time of departure _____ (note: unless otherwise indicated, all travel is round trip between departure and arrival city)
Airline preferences _____
Seating preference _____ aisle _____ window _____ no preference
Dietary needs _____
Admin pro to complete transportation cost _____

Hotel

Name of hotel _____ City _____
Daily rate _____
Additional taxes and surcharges per day _____
Arrival date _____ Departure date _____
Cost of room to be shared _____ Yes _____ No; if yes, with whom _____
Admin pro to complete hotel cost information: Within 150% _____ Yes _____ No (if no, how will additional cost be paid?) _____
Total hotel cost _____

Conference Registration

Name of conference _____
International (outside 48 continental US)? _____ Yes _____ No
Registration cost _____ Due date for early registration _____
_____ Please initiate payment for registration from SON
_____ I will pay for registration and seek reimbursement when I return

Anticipated other expenses

Per diem (formula: [75% of daily rate X 2 travel days] plus [additional conference days minus meals provided by conference]). Admin pro to calculate per diem cost _____
Check all that apply:
_____ Airport parking at \$ _____ /day times _____ days
_____ Taxi/shuttle fare _____
_____ Rental car (requires advance approval) _____

Special requests/notes from traveler to administrative professional

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Administrative professional notes

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