

# Travel Profile Form

NER Foundation Symposium & ASNR 43rd Annual Meeting

May 21-27, 2005

Metro Toronto Convention Centre

Toronto, Ontario, Canada



The ASNR staff must make all air and hotel reservations for non-member faculty. Air Travel will be booked on the Official Symposium and Annual Meeting provider. Please complete this Travel Profile Form and **return by Friday, January 21, 2005** to help us accommodate your preferred travel arrangements.

**PLEASE NOTE:** Due to unexpected weather, flight delays, clearing customs, etc, ASNR recommends that speakers plan to arrive the night before their presentation.

## PERSONAL INFORMATION:

Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

## TRAVEL PREFERENCES:

**AIR:** The airline will issue E-tickets unless you are notified. Paper tickets may be available upon request, depending on airline policy. Please indicate your preferences below:

### Preferred Airport City (Departure and Return)

Departure Date _____	Return Date _____	Airline Seating Preference Window _____ Aisle _____
Departure Time _____ (cannot be guaranteed)	Return Time _____ (cannot be guaranteed)	Special Requests:
United Airlines Frequent Flyer Number _____	Other Frequent Flyer Number _____	

**HOTEL RESERVATIONS:** Would you like ASNR staff to book your hotel? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please complete the following information. **Fairmont President's Club Account Number:** \_\_\_\_\_

<b>Room Category:</b>	_____ Single	_____ Double	_____ Triple
<b>Type of Room</b>	_____ King	_____ Queen	_____ Two Double Beds
	_____ Smoking	_____ Non Smoking	
<b>Credit Card information</b> <i>This credit card will only be used if a faculty members or speakers stay is longer then the days covered by the ASNR.</i>	Credit Card Type: _____ Credit Card #: _____ Expiration Date: _____ Signature: _____ Name on Card: (Please Print) _____ Billing address: _____		
<b>Special Requests:</b>			

**IN CASE OF AN EMERGENCY:** Individual to contact in case of an emergency while you are attending the meeting:

Name \_\_\_\_\_ Relationship to contact \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Please return completed Travel Profile Form by Friday, January 21, 2005 to:**

Valerie Geisendorfer, Meetings Coordinator Phone: 630-574-0220 x231; Fax: 630-574-1740 email at [vgeisendorfer@asnr.org](mailto:vgeisendorfer@asnr.org)