

# Travel Profile Form

NER Foundation Symposium  
May 31 - June 1, 2008  
Ernest N. Morial Convention Center  
New Orleans, Louisiana

# New Orleans

ASNR 2008

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, February 29, 2008** 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:
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. **Hilton 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 member speaker stay extends 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, February 29, 2008 to:  
Valerie Geisendorfer, Phone: 630-574-0220 x228; Fax: 630-574-1740 Email at vgeisendorfer@asnr.org