

IBS AIR TRAVEL REQUEST FORM

YOUR NAME: _____
(as it appears on your passport)

PASSPORT NUMBER: _____

NATIONALITY: _____

CURRENT HOME TELEPHONE NUMBER: __ (____) _____

CURRENT WORK TELEPHONE NUMBER: __ (____) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT TELEPHONE NUMBER: __ (____) _____

SEMINAR NAME/NUMBER: _____

DATE OF U.S. DEPARTURE: _____

U.S. DEPARTURE CITY: _____

OVERSEAS ARRIVAL CITY: _____

DATE OF OVERSEAS DEPARTURE: _____

OVERSEAS DEPARTURE CITY: _____

FINAL U.S. DESTINATION CITY: _____

- ❖ Your air ticket will be the most economical ticket available on a regularly scheduled airline flight. These tickets are **non-refundable**. Be certain of your travel plans.
- ❖ Deviations from the group travel dates may result in an airline imposed deviation fee plus any increase in air fare.
- ❖ Any requests for changes to this itinerary **must** be made in writing to IBS.
- ❖ I do understand the terms and conditions of the air ticket and authorize International Business Seminars to issue the above-mentioned itinerary.

Signature _____ Date _____

IF YOU ARE TRAVELING AFTER THE SEMINAR, WOULD YOU LIKE TO PURCHASE A EURAIL PASS? _____

Please include this completed form with your application materials.
To expedite your travel arrangements a copy of this form may be faxed to:

International Business Seminars
Fax: (877) 398-1117