





- TRAVEL INFORMATION -

Please complete this form and return it by email to IIGB administrative staff

Directions: This form is protected to preserve the formatting. Use your tab button to move between fields as you fill out the form.

INFORMATION:			T		
Contact Person (Assistant):			Email:		
Last Name:	First Name:		MI:		
Institution:					
Address:					
City:	State/Province:	Zip:		Country/Region:	
Personal Mailing Address:					
City:	State/Province:	Zip:		Country/Region:	
Telephone:	Cell Phone:		Fax:		
U.S. Citizen? Yes No	If not, indicate the type of <u>visa</u> * that you possess: *The completion of additional forms and a copy of your visa will be required for reimbursement.				
Special Accessibility, dietary or assistance requirements:					
May we record your seminar?					
TRAVEL INFORMATION:					
Flying Yes No	Date of Bir	Date of Birth (MM/DD/CCYY):			
Closest Airport:			Gender on Passport/Driver's License:		
Arrival Date (am/pm):		Departure Date (am/pm):			
Preferred Airline:	Frequent Flyer #:		Name on Passport/Driver's License:		
Driving Yes No We will need proof of insurance	License Plate:	Trip Da	Trip Dates & Time (am/pm):		
Transportation: Between the Airport and UCR/Riverside	I understand that if I arrange for my own taxi/Uber/Lyft from the airport it will be reimbursed by UCR after the trip. Yes, I will arrange my own transport No, I will need assistance				
HOTEL:					
I will require room reservations for the evenings of (2 maximum)?					
Additional Nights (at own expense; UC rates):					
TITLE OF PRESENTATION:					
ABSTRACT:					
Images:					
Please submit an image of your work or a photo of yourself that you would like included in the event promotional					
material. (Optional)					