



**This form can only be filled out in  
Adobe Acrobat Reader.**

**Text and calculations will not work in  
programs other than Adobe Acrobat.**

## REGISTRATION FORM DOWNLOAD/SAVE INSTRUCTIONS

**DO NOT FILL OUT FORM IN WEB BROWSER.**

**\*\*\*Download & Save to your computer first.\*\*\***

If you opened this from our website OR  
via your email from a web browser such as (Google, Mozilla, etc.):

1. Click the **download arrow/button** in the top right corner of your web browser.
2. **Save this file** to a place on your computer where you will remember to find it
  - 2a. Some web browsers download this to a “downloads” folder. If this is the case, click the download folder and click the file. Save it where you want to from there.
3. **Open Adobe Acrobat Reader.** If you do not have Adobe Acrobat, download it free by clicking here: <https://get.adobe.com/reader/>
4. **Locate the document and open it.** (In Adobe Acrobat Reader - Choose File, Open)

If the button below doesn't go to File, Save As, you do not have Adobe Acrobat Reader open yet. You are still in your web browser and any information you type will not be saved.

Please follow the instructions above and  
try clicking this button again.

***If the button above works, you are good to go!  
Continue to the next page.***

Please call Sue Lipson at (702) 564-9473 if you are still having issues saving.



# REGISTRATION FORM

2020 SkillsUSA Arizona Leadership Conference  
JUNE 21-27, 2020 | LOUISVILLE, KENTUCKY



**MUST READ BEFORE FILLING OUT FORM. DO NOT FILL OUT FORM IN WEB BROWSER.**

**DOWNLOAD AND SAVE** this file to a place on your computer where you will remember to find it, then **OPEN FILE IN ADOBE ACROBAT READER** and begin filling out. Always save your document before closing so you do not lose any information you have already completed.

When completed and saved, please email this form as an attachment to [sue@travelwisetripsinc.com](mailto:sue@travelwisetripsinc.com) no later than May 4, 2020.

**ALL RED BOXES ARE REQUIRED**

## 1 CONTACT INFORMATION

SCHOOL NAME:

### SCHOOL CONTACT INFORMATION

Contact Person: \_\_\_\_\_ Contact Person Email: \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

### HOME INFORMATION

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All documents including airline tickets will be mailed to adviser's attention.

Where would you like documents and tickets sent to? Check one: ☐ School ☐ Home

**DATE YOU COMPLETED THIS FORM**

## 2 TRAVEL NEEDS

Total # of People **Traveling to Nationals by Air & Land**: \_\_\_\_\_

Total # of People **Flying From Home** to Nationals: \_\_\_\_\_

Total # of People **Driving From Home** to Nationals: \_\_\_\_\_

Total # of People **Staying in the Hotel**: \_\_\_\_\_

SPECIAL REQUESTS OR NEEDS:

## 3 RENTAL CAR DETAILS

Do you want Travel Wise Trips, Inc. to handle your car or van rental needs? Check one: ☐ YES ☐ NO

If yes, what size car do you require? Check one: ☐ Compact-size ☐ Mid-size ☐ Full-size ☐ Mini-van

If yes, please print the name of the driver of the rental car: \_\_\_\_\_

### IMPORTANT NOTE:

Driver must be 25 years old, have a valid US Driver's License and have a major credit card. Rental cost is not included in package price.

## 4 FLIGHT DETAILS

**ALL FLIGHTS ARE SUBJECT TO LAST MINUTE SCHEDULE CHANGES.** Please choose your preferred flight by using a **group number below**. ANY DEVIATIONS FROM STANDARD GROUP FLIGHTS ARE SUBJECT TO ADDITIONAL FEES.

**IMPORTANT:**

**THE INFORMATION ENTERED ON THE HOTEL PAGES WILL ALSO BE USED FOR RESERVING FLIGHTS.** PLEASE MAKE SURE TO CLEARLY TYPE THE FULL LEGAL FIRST, MIDDLE, & LAST NAMES AS THEY APPEAR ON GOVERNMENT ISSUED I.D. FOR TICKETING PURPOSES. ANY CHANGES WILL RESULT IN A FEE OF \$150.00 OR MORE.

Photo ID must be presented by each passenger 18 years of age or older. LEGAL names must be as they appear on their government issued ID.

### CHOOSE **ONE** GROUP:

GROUP 1

GROUP 2

GROUP 3

GROUP 4

GROUP 5

GROUP 6

GROUP 7

**Click here to see the latest updates on flights.**

**PLEASE CALL SUE FOR MORE FLIGHTS (702) 564-9473:**

THESE MAY HAVE AN ADDITIONAL FEE ATTACHED DUE TO SUPPLY AND DEMAND AND PAST DUE DEADLINES BY THE AIRLINES.

### 5 HOTEL ROOM DETAILS - *Single Rooms*

**ADVISORS AND STUDENTS MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.**

Please contact Sue if sharing a room with someone from another school.

**IMPORTANT:** PLEASE MAKE SURE TO CLEARLY TYPE THE FULL LEGAL FIRST, MIDDLE, & LAST NAMES AS THEY APPEAR ON GOVERNMENT ISSUED I.D. FOR BOOKING PURPOSES. ANY CHANGES WILL RESULT IN A FEE OF \$150.00 OR MORE.

 **Single Rooms** **REQUIRED:** Type the total # of people staying in single rooms in this box

If none, type 0

**NOTE: STUDENTS MAY NOT STAY IN A SINGLE ROOM ALONE. IF A STUDENT IS WILLING TO SHARE A ROOM WITH A STUDENT FROM ANOTHER SCHOOL, PLEASE CHECK THE BOX BELOW THEIR NAME. \*\*\*STUDENTS SHARING SINGLE ROOMS MUST BE OF THE SAME GENDER.\*\*\* PLEASE CALL MICHELLE MARTINEZ ONLY TO MAKE ANY NECESSARY SHARING ARRANGEMENTS.**

**SINGLE ROOM #1**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #2**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #3**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #4**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #5**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #6**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #7**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #8**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #9**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #10**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #11**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

**SINGLE ROOM #12**  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
*Student is willing to share room with student from another school (same gender only)* ☐ YES

### June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

### 5 HOTEL ROOM DETAILS - *Double Rooms*



**Double Rooms**  
2 people per room

**REQUIRED:** Type the **total # of people**  
staying in **double** rooms in this box

If none, type 0

ADVISORS AND STUDENTS **MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.**

#### DOUBLE ROOM #1

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #2

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #3

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #4

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #5

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #6

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #7

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #8

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #9

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #10

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #11

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### DOUBLE ROOM #12

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth \_\_\_\_\_ Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

#### June 2020

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### 5 HOTEL ROOM DETAILS - Triple Rooms



**Triple Rooms**  
3 people per room

**REQUIRED:** Type the **total # of people**  
staying in **triple** rooms in this box

If none, type 0

ADVISORS AND STUDENTS **MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.**

#### TRIPLE ROOM #1

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #2

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #3

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #4

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #5

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #6

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #7

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
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 \_\_\_\_\_

#### TRIPLE ROOM #8

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #9

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #10

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #11

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### TRIPLE ROOM #12

Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: \_\_\_\_\_ ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### June 2020

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28	29	30	1	2	3	4

### 5 HOTEL ROOM DETAILS - Quad Rooms



**Quad Rooms**  
4 people per room

**REQUIRED:** Type the **total # of people**  
staying in **quad** rooms in this box

If none, type 0

**ADVISORS AND STUDENTS MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.**

#### QUAD ROOM #1

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #2

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #3

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #4

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #5

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #6

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #7

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #8

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #9

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #10

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #11

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

#### QUAD ROOM #12

Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F  
 Name: ☐ Student ☐ Advisor ☐ M ☐ F

Date of Birth Arriving Date Leaving Date

### June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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# REGISTRATION FORM

## 2020 SkillsUSA Arizona Leadership Conference

JUNE 21-27, 2020 | LOUISVILLE, KENTUCKY



### 6 PAYMENT DETAILS

ROOM TYPE	Total # of people*	Price per person	Total Price
SINGLE ROOM*	_____	_____	_____
DOUBLE ROOM*	_____	_____	_____
TRIPLE ROOM*	_____	_____	_____
QUAD ROOM*	_____	_____	_____

\*The numbers in the **Total # of people column above** are the same as the total # of people you entered in the **RED box on each Hotel Room Details page** (i.e. single, double, triple, quad).

If any of the numbers in the **Total # of people column above** are incorrect, please re-enter the correct # of people on **each Hotel Room Details page**, and the above Payment Details and pricing numbers will update automatically. **Remember to save your changes.**

**TOTAL AMOUNT:** \$ \_\_\_\_\_

**FULL PAYMENT DUE ON 05/21/20:** \$ \_\_\_\_\_

#### Payment Instructions:

- Full Payment is due in our office by **05/21/20**.

Please make all checks payable to Travel Wise Trips, Inc. On the Check Memo line please write the name of your school and your state. **FAX a copy of ALL Checks to 702-564-5112** along with a cover letter stating the school name and the lead adviser's name.

**AND**

Mail payment along with a cover letter stating the school name and the lead adviser's name to the following address:

Travel Wise Trips, Inc.  
1058 Via Saint Andrea Place  
Henderson, NV 89011

### 7 COMMENTS / ADDITIONAL INFORMATION

Please indicate any special arrangements or any additional information you would like to submit to us that is not indicated on this form.

### 8 SIGNATURE

☐ **I AGREE** By checking I agree, I agree that all of the information submitted on this form is complete, correct and valid. I agree that a non-refundable deposit must be submitted via fax and mail to Travel Wise Trips, Inc. by the date indicated above.

Name of Person who filled out form: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Please review this form thoroughly before sending.**

All information requested on this form must be completed in order for us to book flights, hotels and car rentals.

**\*\*\* SAVE YOUR DOCUMENT AND EMAIL AS AN ATTACHMENT TO sue@travelwisetripsinc.com \*\*\***

Please review this form in its entirety before emailing to sue@travelwisetripsinc.com. Make sure all of the information is correct and spelled correctly including the LEGAL names, genders and dates of birth of the students, adults and advisers. If you need to make changes after you email this form, please email sue@travelwisetripsinc.com, or call (702) 564-9473.