

Text and calculations <u>will not work</u> 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 <u>any information you type will not be saved</u>.

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 no later than May 4, 2020.

	ALL R	ED BOXES AR	
SCHOOL SCHOOL	NAME:		
Contact Person:	Contact Person Email:		
School Address:			
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 att Where would you like documents and tickets sent to? Check one.		DATE YOU COMPL	ETED THIS FORM
2 TRAVEL NEEDS			
Total # of People Traveling to Nationals by Air & Land:			
Total # of People <b>Flying From Home</b> to Nationals:			
Total # of People <b>Driving From</b> Home to Nationals:			
Total # of People <b>Staying in the <u>Hotel</u></b> :			
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	C	
If yes, what size car do you require? Check one: 🗆 Compact-size	□ Mid-size □ Full-size □ Mi	ni-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.



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



### 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 Click here to see the
- **GROUP 2** latest updates on flights.
- **GROUP** 3
- GROUP 4
- GROUP 5
- **GROUP** 6
- **GROUP** 7

### 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.



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



	<b>I DETAILS -</b> Single Rooms –	ORS AND STUDENTS MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.									
lease contact Sue if shari	ng a room with someone from anoth	ner school.									
MPORTANT: PLEASE MAKE	SURE TO CLEARLY TYPE THE FULL LEGAL	FIRST, MIDDLE,	& LAST NAME	S AS THEY AP	PEAR C	DN G	OVEF	RNME	ENT IS	SUE	D
I.D. FOR BOO	KING PURPOSES. ANY CHANGES WILL RE	SULT IN A FEE C	0F \$150.00 OR	MORE.							
Single Rooms REC	<b>UIRED:</b> Type the <b>total # of people</b>										
1 person per room	staying in single rooms in this box	If none, t	type 0								
NOTE: STUDENTS MAY NOT	T STAY IN A SINGLE ROOM ALONE. IF A S	TUDENT IS WILI	LING TO SHAR	E A ROOM W	ITH A S	STUD	ENT	FROM	M AN	отн	IER
	BOX BELOW THEIR NAME. ***STUDEN			MUST BE OF	THE SA	ME	GENC	<u>) ER</u> .*	** PL	EAS	E
CALL MICHELLE MARTINEZ (	ONLY TO MAKE ANY NECESSARY SHARING	G ARRANGEME	NTS.								
INGLE ROOM #1		Date of Birth	Arriving Date	Leaving Date							
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tudent is willing to share room with	student from another school (same gender only) 🛛	YES					Jur	ne 2	020		
INGLE ROOM #2		Date of Birth	Arriving Date	Leaving Date	Sun	Mon	Tue	Wed	Thu	Fri	Sa
ame:	Guident Advisor  M Student from another school (same gender only)				31	1	2	3	4	5	6
tauent is winnig to share room with					7	8	9	10	11	12	1
INGLE ROOM #3		Date of Birth	Arriving Date	Leaving Date	14	15	16	17	18	19	2
lame:	Guident Advisor  M Student from another school (same gender only)				21	22	23	24	25	26	2
								4			4
INGLE ROOM #4 ame:	Student  Advisor  M	Date of Birth	Arriving Date	Leaving Date	28	29	30	1	2	3	4
	student from another school (same gender only)										
SINGLE ROOM #5		Date of Birth	Arriving Date	Leaving Date							
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tudent is willing to share room with	student from another school (same gender only)	] YES									
SINGLE ROOM #6		Date of Birth	Arriving Date	Leaving Date							
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SINGLE ROOM #7 Name:	Student  Advisor  M	Date of Birth	Arriving Date	Leaving Date							
	student from another school (same gender only)										
INGLE ROOM #8		Date of Birth	Arriving Date	Leaving Date							
lame:	🗆 Student 🗆 Advisor 🛛 M 🖓										
tudent is willing to share room with	student from another school (same gender only)	] YES									
INGLE ROOM #9		Date of Birth	Arriving Date	Leaving Date							
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INGLE ROOM #10 lame:	🗆 Student 🗆 Advisor 🛛 M 🖂	Date of Birth	Arriving Date	Leaving Date							
	student from another school (same gender only)	YES									
INGLE ROOM #11		Date of Birth	Arriving Date	Leaving Date							
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tudent is willing to share room with	student from another school (same gender only) 🛛	YES									
INGLE ROOM #12		Date of Birth	Arriving Date	Leaving Date							



## **REGISTRATION FORM**

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



n Double Rooms			a tha 🕇	otol #		ND STUDENTS <u>N</u>								
2 people per room		aying in <u>do</u>				If none	e, type 0							
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OOUBLE ROOM #5					Date of Birth	Arriving Date	Leaving Date							
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OUBLE ROOM #6				<b>—</b> -	Date of Birth	Arriving Date	Leaving Date							
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DOUBLE ROOM #10					Date of Birth	Arriving Date	Leaving Date							
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2020 SkillsUSA Arizona Leadership Conference JUNE 21-27, 2020 | LOUISVILLE, KENTUCKY



5 HOTEL ROOM D		-				ID STUDENTS <u>N</u>	AAY NOT SHARE		<u>//s</u> UN	ILESS	THEY	ARE	RELA	TE
<b>Triple Ro</b> 3 people per	ooms REQUI	RED: Type staying in <u>t</u>				If none	e, type 0							
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				<u> </u>				14	15	16	17	18	19	2
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RIPLE ROOM #7					Date of Birth	Arriving Date	Leaving Date							
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RIPLE ROOM #8					Date of Birth	Arriving Date	Leaving Date							
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RIPLE ROOM #9					Date of Birth	Arriving Date	Leaving Date							
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RIPLE ROOM #10					Date of Birth	Arriving Date	Leaving Date							
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RIPLE ROOM #12					Date of Birth	Arriving Date	Leaving Date							
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Name:	□ Student	□ Advisor	ΠМ											



## **REGISTRATION FORM**

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



HOTEL ROOM DETAILS - Quad Rooms -5 ADVISORS AND STUDENTS MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED. Quad Rooms REQUIRED: Type the total # of people If none, type 0 4 people per room staying in **<u>guad</u>** rooms in this box OUAD ROOM #1 Date of Birth Arriving Date Leaving Date □ Student □ Advisor DM DF Name: Name: □ Student □ Advisor DM DF June 2020 □ Student □ Advisor Name:  $\Box M \Box F$ Sun Mon Tue Wed Thu Fri Sat □ Student □ Advisor DM DF Name: 4 2 3 5 6 31 1 OUAD ROOM #2 Date of Birth Arriving Date Leaving Date □ Student □ Advisor DM DF Name:\_\_\_\_\_ 7 8 9 10 11 12 13 □ Student □ Advisor Name: \_\_\_\_\_ DM DF 14 15 18 19 20 16 17 \_\_\_\_\_ □ Student □ Advisor Name:\_\_ DM DF Name: □ Student □ Advisor DM DF 21 22 23 24 25 26 27 QUAD ROOM #3 Date of Birth Arriving Date Leaving Date 28 29 30 1 2 3 4 □ Student □ Advisor DM DF Name: □ Student □ Advisor ПΜ ΠF Name: \_\_\_\_\_ □ Student □ Advisor ПΜ Name: 🗆 Student Advisor DM DF Name: OUAD ROOM #4 Date of Birth **Arriving Date** Leaving Date □ Student □ Advisor DM DF Name: Name: □ Student □ Advisor DM DF □ Student □ Advisor Name: DM DF □ Student □ Advisor DM DF Name: QUAD ROOM #5 Date of Birth Arriving Date Leaving Date □ Student □ Advisor Name: □ Student □ Advisor DM DF Name: □ Student □ Advisor DM DF Name: □ Student □ Advisor DM DF Name: OUAD ROOM #6 Date of Birth Arriving Date Leaving Date □ Student □ Advisor DM DF Name: \_\_\_\_\_ Name:\_\_\_\_\_ 

Student 
Advisor DM DF □ Student □ Advisor DM DF Name: □ Student □ Advisor ПМ ΠF Name: QUAD ROOM #7 Date of Birth Arriving Date Leaving Date \_\_\_\_ 🗆 Student 🛛 Advisor Name: DM DF □ Student □ Advisor ПΜ ΠF Name: Name: □ Student □ Advisor ПΜ ΠF □ Student □ Advisor  $\Box M \Box F$ Name:\_ OUAD ROOM #8 Date of Birth Arriving Date Leaving Date Name: Student □ Advisor □M □F □ Student □ Advisor ПΜ 🗆 F Name: \_\_\_\_\_ Name: □ Student □ Advisor Student □ Advisor DM DF Name: QUAD ROOM #9 Date of Birth Arriving Date Leaving Date Name:\_\_ □ Student □ Advisor □ Student □ Advisor DM DF Name: □ Student □ Advisor DM DF Name: Name: □ Student □ Advisor OUAD ROOM #10 Date of Birth Arriving Date Leaving Date Name: □ Student □ Advisor □ Student □ Advisor Name: \_\_\_\_\_ Name:\_\_\_\_ Student Advisor □ Student □ Advisor ПΜ ΠF Name: QUAD ROOM #11 Date of Birth Arriving Date Leaving Date □ Student □ Advisor Name: □ Student □ Advisor ШΜ ΠF Name: □ Student □ Advisor DM DF Name: Name:\_\_ □ Student □ Advisor DM DF QUAD ROOM #12 Date of Birth Arriving Date Leaving Date Name: 🗆 Student □ Advisor DM DF Student □ Advisor DM DF Name: \_\_\_\_ □ Student □ Advisor  $\Box M \Box F$ Name: □ Student □ Advisor DM DF Name:\_\_



### **REGISTRATION FORM** 2020 SkillsUSA Arizona Leadership Conference

JUNE 21-27, 2020 | LOUISVILLE, KENTUCKY



#### PAYMENT DETAILS -

ROOM TYPE	Total # of people*	Price per person	Total Price							
SINGLE ROOM*				*The numbers in the <b>Total # of people column above</b> are <u>the</u> same as the total # of people you entered in the <b>RED box on each</b>						
DOUBLE ROOM*				Hotel Room Details page (i.e. single, double, triple, quad).						
TRIPLE ROOM*				If any of the numbers in the <b>Total # of people column above</b> are incorrect, please re-enter the correct # of people on <b>each Hotel</b> <b>Room Details page,</b> and the above Payment Details and pricing numbers will update automatically. <b>Remember to save your</b>						
QUAD ROOM*				changes.						
TOTAL AMOUNT:		\$								
FULL PAYMENT DUI	E ON 05/21/20:	\$								
Payment Instructions:										
• Full Payment is due in o	our office by <mark>05/21/20</mark>									
-				ase write the <u>name of your school and your</u> school name and the lead adviser's name.						
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

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.

### SIGNATURE ·

8

□ 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 \*\*\*

<u>Please review this form in its entirety before emailing to sue@travelwisetripsinc.com.</u> 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.