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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.
- Save this file to a place on your computer where you will remember to find it
 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.



IMPORTANT NOTE:

REGISTRATION FORM

2019 SkillsUSA Arizona Leadership Conference JUNE 21-29, 2019 | 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 between 04/15/19 and 04/29/19.

	ALL RED BOX		
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: □ So	DATE YO	U COMPLE	TED 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 <u>Driving From Home to Nationals:</u>			
Total # of People Staying in the Hotel:			
SPECIAL REQUESTS OR NEEDS:			
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:			

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.



2019 SkillsUSA Arizona Leadership Conference
JUNE 21-29, 2019 | LOUISVILLE, KENTUCKY





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 t	to see	the
	CIICK	nere 1	co see	tne

GROUP 2 latest updates on flights.

GROUP 3

GROUP 4

GROUP 5

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.



2019 SkillsUSA Arizona Leadership Conference JUNE 21-29, 2019 | LOUISVILLE, KENTUCKY



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.

1 person per room

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				Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	\square M \square F	:					1	- 0	11		
Student is willing to share room with student from	n another sch	ool (same gen	der only) 🗆	YES						e 2			
SINGLE ROOM #2				Date of Birth	Arriving Date	Leaving Date	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Name:	☐ Student	☐ Advisor	□м □г		Arriving Date	Leaving Date	26	27	28	29	30	31	1
Student is willing to share room with student fron							2	3	4	5	6	7	8
,							9	10	11	12	13	14	15
SINGLE ROOM #3				Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	\square M \square F	:			16	17	18	19	20	21	22
Student is willing to share room with student from	n another sch	ool (same gen	der only)	YES			23	24	25	26	27	28	29
SINCLE BOOM #4				Data of Divide	Auricina Data	Leaving Date	30	1	2	3	4	5	6
SINGLE ROOM #4 Name:	☐ Student	□ Advisor	□м □г	Date of Birth	Arriving Date	Leaving Date							
Student is willing to share room with student from													
,			,,										
SINGLE ROOM #5				Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student												
Student is willing to share room with student fron	า another sch	ool (same gen	der only) 🗆	YES									
SINGLE ROOM #6				Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	□м □ ғ		Arriving Date	Leaving Date							
Student is willing to share room with student fron													
SINGLE ROOM #7		_		Date of Birth	Arriving Date	Leaving Date							
Name:		☐ Advisor	□M □F										
Student is willing to share room with student fron	n anotner sch	ooi (same gen	aer only) 🗆	YES									
SINGLE ROOM #8				Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	\square M \square F										
Student is willing to share room with student from	n another sch	ool (same gen	der only) 🗆	YES									
SINGLE ROOM #9				Date of Birth	Arriving Date	Leaving Date							
Name:		☐ Advisor	□ M □ F										
Student is willing to share room with student fron	1 another sch	ooi (same gen	ider only) 🗆	163									
SINGLE ROOM #10				Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	\square M \square F	·									
Student is willing to share room with student from	n another sch	ool (same gen	der only) 🗆	YES									
CINICIE DOOM HA													
SINGLE ROOM #11	□ Ctudont	□ Advisor	□м □г	Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student n another sch												
state in the state in th		, journe gen	,										
SINGLE ROOM #12				Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student		\square M \square F										
Student is willing to share room with student fron	n another sch	ool (same gen	der only) 🛚	YES									



2019 SkillsUSA Arizona Leadership Conference
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Date of Birth Arriving Date Leaving Date



June 2019
Sun Mon Tue Wed Thu Fri Sat

4 5 6 7 11 12 13 14

3

20 21

18 19

5

DOUBLE ROOM #12

Name:__

HOTEL ROOM DETAILS - Double Rooms -

ADVISORS AND STUDENTS <u>MAY NOT SHARE ROOMS</u> UNLESS THEY ARE RELATED.

Double Rooms 2 people per room		RED: Typ aying in <u>do</u>	If none, type (
DOUBLE ROOM #1					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	□м	□F			
DOUBLE ROOM #2					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	□м	□F			
DOUBLE ROOM #3					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	ΠМ	□F		0	
Name:	☐ Student	☐ Advisor		□F			
DOUBLE ROOM #4					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	□м	□F			
Name:	☐ Student	☐ Advisor	□м	□F			
DOUBLE ROOM #5					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	□м	□F			
DOUBLE ROOM #6					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	□м	□F			
DOUBLE ROOM #7					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor		□ F			
Name:	☐ Student	☐ Advisor	□м	□F			
DOUBLE ROOM #8	_	_			Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor		□ F			
Name:	☐ Student	☐ Advisor	□м	□F			
DOUBLE ROOM #9	_	_			Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor		□ F			
Name:	☐ Student	☐ Advisor	□м	□F			
DOUBLE ROOM #10				_	Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor		□ F			
Name:	☐ Student	☐ Advisor	⊔м	□F			
DOUBLE ROOM #11					Date of Birth	Arriving Date	Leaving Date
Name:		☐ Advisor ☐ Advisor	□ M	□F			

☐ Student ☐ Advisor

☐ Student ☐ Advisor

 \square M \square F

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2019 SkillsUSA Arizona Leadership Conference JUNE 21-29, 2019 | LOUISVILLE, KENTUCKY



June 2019 Sun Mon Tue Wed Thu Fri Sat

> 5 6 12 13 14

3

19 20 21

5

18

HOTEL ROOM DETAILS - Triple Rooms -

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



staying in **triple** rooms in this box

If none, type 0

TRIPLE ROOM #1					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	□м	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
TRIPLE ROOM #2					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	□м	□F			
Name:	☐ Student	☐ Advisor	□м	□F			
TRIPLE ROOM #3					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
TRIPLE ROOM #4					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
TRIPLE ROOM #5					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
TRIPLE ROOM #6					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	□м	□F		0	0
Name:	☐ Student	☐ Advisor	□м	□F			
Name:	☐ Student	☐ Advisor	\square M	□ F			
TRIPLE ROOM #7					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□ F			
TRIPLE ROOM #8					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
TRIPLE ROOM #9					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
TRIPLE ROOM #10					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	□М	□F			
TRIPLE ROOM #11					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□F			
Name:	☐ Student	☐ Advisor	\square M				
Name:	☐ Student	☐ Advisor	ΠМ	□F			
TRIPLE ROOM #12					Date of Birth	Arriving Date	Leaving Date
Name:	☐ Student	☐ Advisor	\square M	□ F			
Name:	☐ Student	☐ Advisor		□F			
Name:	☐ Student	□ Advisor	\square M	□F			



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HOTEL ROOM DETAILS - Quad Rooms -

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

	Quad Rooms 4 people per room
	4 people per room

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

If none, type 0

II II II 4 people per r	oom	Staying	III <u>qua</u>	<u>u</u> 1001	ms in this dox									
QUAD ROOM #1					Date of Birth	Arriving Date	Leaving Date							
Name:	Student	☐ Advisor	ПΜ	□F						lue	ne 2	010		
Name:	☐ Student☐ Student	☐ Advisor ☐ Advisor	□ M □ M	□ F □ F				C					F-4	0-4
Name:	Student		□м	□ F				Sun					Fri	Sat
QUAD ROOM #2					Date of Birth	Arriving Date	Leaving Date	26	27	28	29	30	31	1
Name:	☐ Student	☐ Advisor	□м	□F	<u> Date of Birtin</u>	Arriving Date	<u>reaving bate</u>	2	3	4	5	6	7	8
Name:	☐ Student	☐ Advisor	□м	□F				9	10	11	12	13	14	15
Name:	☐ Student	☐ Advisor	□м	□F										
Name:	☐ Student	☐ Advisor	□м	□F				16	17	18	19	20	21	22
QUAD ROOM #3					Date of Birth	Arriving Date	Leaving Date	23	24	25	26	27	28	29
Name:	☐ Student	☐ Advisor	□м	□F	Date of Birth	Arriving Date	Leaving Date	30	1	2	3	4	5	6
Name:		☐ Advisor	□м	□F						_				
Name:	☐ Student	☐ Advisor	\square M	□F										
Name:	☐ Student	☐ Advisor	\square M	□F										
QUAD ROOM #4					Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	\square M	□F										
Name:	☐ Student	☐ Advisor	\square M	□F										
Name:	☐ Student	☐ Advisor	\square M	□F										
Name:	☐ Student	☐ Advisor	□М	□F										
QUAD ROOM #5					Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	□М	□ F										
Name:	Student	☐ Advisor	ПМ	□F										
Name:	☐ Student		□ M	□ F										
Name:	☐ Student	☐ Advisor	□м	□F										
QUAD ROOM #6	□ C+d+	□ A di dana			Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student☐ Student	☐ Advisor ☐ Advisor	□м	□ F □ F										
Name:	Student	☐ Advisor	□м											
Name:	☐ Student		□м	□ F										
QUAD ROOM #7					Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	□м	□F	Date of Biltin	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	□м	□ F										
Name:	☐ Student	☐ Advisor	\square M	□F										
Name:	☐ Student	☐ Advisor	\square M	□ F										
QUAD ROOM #8					Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	\square M	□F										
Name:	☐ Student	☐ Advisor	\square M	□F										
Name:	☐ Student	☐ Advisor	ΠМ	□ F										
Name:	☐ Student	☐ Advisor	□м	□F										
QUAD ROOM #9	_	_	_	_	Date of Birth	Arriving Date	Leaving Date							
Name:	Student		ПΜ	□F										
Name:	☐ Student		□ M											
Name:	☐ Student	☐ Advisor ☐ Advisor	□ M □ M	□ F □ F										
	Judent	□ AUVISUI	IVI	□ F	Date of Birth	Audida - D-t	Leaving Data							
QUAD ROOM #10	□ Studont	□ Advisor		□F	Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor ☐ Advisor	□ M □ M											
Name:		☐ Advisor	□м	□F										
Name:		☐ Advisor	□м											
QUAD ROOM #11					Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	□м	□F										
Name:	☐ Student		□м	□F										
Name:	☐ Student	☐ Advisor	\square M	□ F										
Name:	☐ Student	☐ Advisor	\square M	□ F										
QUAD ROOM #12					Date of Birth	Arriving Date	Leaving Date							
Name:	☐ Student	☐ Advisor	\square M	□F										
Name:	☐ Student		\square M	□F										
Name:	☐ Student		□м	□ F										
Name:	☐ Student	☐ Advisor	□М	□F										



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ROOM TYPE	Total # of people*	Price per person	Total Price	Deposit per person	Total Deposit	Total Price Less Deposit	
SINGLE ROOM*						-	
DOUBLE ROOM*							
TRIPLE ROOM*				_			
QUAD ROOM*				_			
TOTAL AMOUNT:		\$		*The numbers in the Total the total # of people you en			
TOTAL DEPOSIT DUE	ON 04/24/19	: \$	uble, triple, quad).				
FINAL PAYMENT DUE	ON 05/3/19	\$	e on each Hotel Room nd pricing numbers will changes.				
Payment Instructions: • A non-refundable deposit of	of \$500 per perso	n is due by 04/24/19 .		apaate automaticany.			
• Final Payment is due in our	office by 05/3/1	.9.					
Please make all checks payal state. FAX a copy of ALL Chec AND Mail payments along with a	cks to 702-564-5	112 along with a cove	r letter stating th	ne school name and the l	ead adviser's name	_	
Travel Wise Trips, Inc 1058 Via Saint Andre Henderson, NV 8901	a Place	suic suitosi nullic u	The feat days	se. 5ame to the following	.5		

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.

(0)	SIGNATURE
	REE By checking I agree, I agree that

☐ 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.