



2013 UFCW Convention Travel Request Form

Full Legal Name: _____ Date of Birth _____ / _____ / _____
 (Required as appears on Drivers License) (Required)

Attending Convention as (Circle One):

International Executive Board / Retired International Officer / Constitution Committee Member

Delegate / Alternate Delegate / Invited Guest / Staff / Vendor/Crew / Exhibitor

Home Phone: _____ UFCW Local No.: _____
 Work Phone: _____ Cell Phone: _____
 Email: _____ Fax: _____
 Departure Airport: _____ Seat preference: Aisle _____ Window _____
 Preferred arrival time in Chicago, Illinois: Date: _____ Time: _____ am / pm
 Will you be traveling with anyone other than a delegate? If yes, list name: _____

Return Flight Information

Preferred departure time from Chicago, Illinois: Date: _____ Time: _____ am / pm

You will receive an email or fax with an itinerary for your approval. Please make your reservations as soon as possible to secure the best available airfare.

ITINERARY MUST BE APPROVED WITHIN 24 HOURS OR TICKETS WILL BE CANCELLED

Be sure to check your travel dates. Once your ticket has been issued it is NON-Refundable. Changes will be subject to change fee and additional airfare.

How many guests will accompany you? _____. Please complete Guest Travel Certificate for each guest.

You must provide a credit card for you or any additional guest whose travel is not covered by the UFCW.

Form of Payment

Credit Card Name: _____ Card No. _____

Card Expiration Date: _____ Signature on File: _____

GUEST TRAVEL CERTIFICATE

(This form may be duplicated for each individual requiring travel)

GUEST: Payment must be made by credit card. Therefore all information must be entered and appropriate signatures properly affixed. A \$20.00 service fee will be applied for each ticket issued.

Convention Guest Traveling by Air (Please type or print)

Full Legal Name: _____ (Required as appears on Drivers License)

Work Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Departure Airport: _____

Seat preference: Aisle _____ Window _____ Date of Birth: _____ (Required)

Preferred arrival time in Chicago, Illinois: Date: _____ Time: _____ am / pm

Return Flight Information

Preferred departure from Chicago, Illinois: Date: _____ Time: _____ am / pm

Form of Payment

Name on Credit Card: _____ Card No. _____

Card Expiration Date: _____ Signature on File: _____

**Be sure to check your travel dates. Once your ticket has been issued it is
NON-REFUNDABLE. Changes are subject to change fee and additional airfare.**

Additional Guests:

Full Legal Name: _____ Date of Birth: _____
(As appears on Drivers License)

Full Legal Name: _____ Date of Birth: _____
(As appears on Drivers License)

Additional Comments/Requirements/Requests _____

In addition to the airfare and service fee that will be charged to the credit card provided for approved itineraries that are ticketed, airlines are charging additional fees for checked baggage that must be paid by you upon check-in with the airline.

Return form to fax [703-245-4033](tel:703-245-4033) or e-mail to ufcword@metropolitantravel.com
