WORLDTRAVELSERVICE / National Institutes of Health FastRes Fax Form

Telephone: (301) 816-8991 * (800) 638-8500 * Fax: (301) 816-0715 * E-Mail: NIH@worldtravelservice.com

Fax this form to WTS. We will fax back a suggested itinerary within 3 days

www.nihreviewer.com

TRAVELER & MEETING INFORMATION

| Meeting Date#BUa Y c Z: | ±ognjn nY: | Meeting Code: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|
| If you need to provide your Date of Birth or TSA information, please call our office at (800) 638-8500. Please do not place that information on this form. | | |
| Traveler's Legal Name | Mr. Mrs. Ms. D | Or. |
| (matches photo ID and/or Passport) | First: | Middle: |
| | | |
| | Last: | Suffix: |
| Bus or Home Address | : | |
| City/State/Zip Code: | | |
| | | |
| | | |
| (Tickets issued electronically unless otherwise requested.) | | |
| Business Telephone: | | Business Fax: |
| Home Telephone: | Cell Phone: | E-mail: |
| Secretary/Assistant: Name/Phone | | Asst's E-Mail: |
| TRAVEL PREFERENCES | | |
| Seating: | Window Aisle | |
| Preferred Airline: | TDID II | NEODMATION |
| TRIP INFORMATION From (Airport/train station) To (Airport/train station) Date/Approx time Comments | | |
| | | <u>Sutortpprox time</u> <u>Somments</u> |
| | | |
| 2 | | |
| 3 | | |
| | | |
| Special Needs: | | |
| Frequent Flyer/User Program(s) | | |
| Airline(s): Account Number(s): | | |
| | | and the official NIII Decision Manadan |
| I authorize the above reservation for my attendance at an official NIH Review Meeting: | | |