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Name and Title:				
Business Name and Address	s:			
Telephone:	Fax:		Email:	
Assistant's Name:		Telephone:_	Email	<u>:</u>
Home Address:				
Birth Date:				
Emergency Contact				
Name:				
Telephone:				
Travel Details				
Arrival Date:	De	eparture Date:		
Requested method of trave	l:			
Date/Time preferred for de	parture to Phila	delphia:		
Date/Time preferred for de	parture from Ph	iladelphia:		
Originating airport/station:				
Seat preference (Aisle/Mide	le/Window):			
Meal preference:				
If taking Amtrak, would you	prefer: picking	your ticket up fr	om a kiosk at the statio	n 🗆
	having	the ticket maile	d to you \Box	
Other special preferences:_	·			
If you need a rental car:				
Date(s) car will be need	ed:			
Location(s) of where the	e car will be pick	ked up:		
Preference of car type:_			 	
Room preference (type of b				
Lecture Information				
Title of Lecture:				

Please return this completed form electronically to Kerin Books at: kpb35@drexel.edu, within one week of its receipt. If you have any questions, please contact Kerin at the above address, or at 215-895-2624.