



# ACCOMMODATIONS FORM

Return to First Supply by September 1, 2008

# WEEK 2

January 21-27, 2009  
Milwaukee Departures

Company Name

Participant Street Address - No P.O. Box (Where you would like all travel information/tickets to be sent)

This Address is my (circle one)

HOME      BUSINESS

City	State	Zip Code	Phone Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GUEST 1			
Participant Full Name (as shown exactly on your Passport)			
<input type="text"/>			
Passport Number			
<input type="text"/>			
Expiration Date	Sex (circle)	Birth Date*	
<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/>	
Name Badge (first name only)	Size for complimentary T-Shirt		
<input type="text"/>	<input type="text"/> S <input type="text"/> M <input type="text"/> L <input type="text"/> XL <input type="text"/> 2X <input type="text"/> 3X		
*(Must be born on or before 1/21/90)			

GUEST 2			
Participant Full Name (as shown exactly on your Passport)			
<input type="text"/>			
Passport Number			
<input type="text"/>			
Expiration Date	Sex (circle)	Birth Date*	
<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/>	
Name Badge (first name only)	Size for complimentary T-Shirt		
<input type="text"/>	<input type="text"/> S <input type="text"/> M <input type="text"/> L <input type="text"/> XL <input type="text"/> 2X <input type="text"/> 3X		
*(Must be born on or before 1/21/90)			

## PASSPORT REMINDER

A passport is REQUIRED to travel to Mexico. You will not be allowed to board the plane without one.

RESORT ACCOMMODATIONS	
Room Preferences <i>The Hotel will try to accommodate your request.</i>	
<input type="checkbox"/> non-smoking	<input type="checkbox"/> king size bed
<input type="checkbox"/> smoking	<input type="checkbox"/> two double beds
<i>(check one)</i>	<i>(check one)</i>

SPECIAL FLIGHT REQUIREMENTS
List any special requirements.

EMERGENCY INFORMATION	
List any special dietary requirements or physical restrictions: _____	
Emergency Contact Name: _____	Telephone: _____
Emergency Contact Name: _____	Telephone: _____

**PLEASE RETURN THIS FORM BY SEPTEMBER 1, 2008**

FAX: (608) 223-6664 or MAIL: First Supply – WOO, PO Box 8124, Madison, WI 53708

