



ACCOMMODATIONS FORM

Return to First Supply by September 1, 2009

WEEK 2

Jan 27 – Feb 2, 2010
Minneapolis Departure

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
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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)

Passport Number

Expiration Date Sex (circle) Birth Date

/ /	M F	/ /
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Name Badge (first name only) Size for complimentary T-Shirt

<input type="text"/>	S M L XL 2X 3X
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GUEST 2

Participant Full Name (as shown exactly on your Passport)

Passport Number

Expiration Date Sex (circle) Birth Date

/ /	M F	/ /
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Name Badge (first name only) Size for complimentary T-Shirt

<input type="text"/>	S M L XL 2X 3X
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PASSPORT REMINDER

A passport is **REQUIRED** to travel to Mexico. You will not be allowed to board the plane without one.
NOTICE: Passport expiration date must be valid at least 6 months beyond travel dates.

RESORT ACCOMMODATIONS

Room Preferences *The Hotel will try to accommodate your request.*

<input type="checkbox"/> non-smoking	<input type="checkbox"/> king size bed
<input type="checkbox"/> smoking*	<input type="checkbox"/> two double beds

(check one) *(check one)*

*Smoking rooms available on the 2nd & 3rd floors only.

SPECIAL FLIGHT REQUIREMENTS

List any special requirements

EMERGENCY INFORMATION

List any special dietary requirements or physical restrictions: _____

Emergency Contact Name: _____ Telephone: _____

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PLEASE RETURN THIS FORM BY SEPTEMBER 1, 2009

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

FIRST SUPPLY