Arizona State University

This itinerary serves to provide out-of-town site visitors and ASU staff with details of site visitor transportation and accommodations for the _____ site visit scheduled for _____, _____ _____, and _____, _____ _____, 20___.

Please email a copy of this form to the UPRA office: apr@asu.edu.

Site visitor name: _____ Phone: _____

Arrival

Arrival date and time: _____ Airline and flight number: _____

Transportation from Sky Harbor Airport: ASU staff: _____ Phone: _____

Hotel shuttle   Taxi, Lyft, Uber   Other

Hotel

Hotel name: _____

Check in: _____ Check out: _____

Hotel address: _____

Hotel phone: _____

Hotel website: _____

Confirmation number: _____

Special accommodations: No   Yes: _____

Departure

Departure date and time: _____ Airline and flight number: _____

Transportation to Sky Harbor Airport: ASU staff: _____ Phone: _____

Hotel shuttle   Taxi, Lyft, Uber   Other

Emergency contact

Emergency contact at ASU: _____ Phone: _____

Title: _____

Unit: _____

Email: _____

Emergency contact

Emergency
contact at home: _____   Phone: _____

Relation to site visitor: _____

Email: _____