

**Emergency Medical Services for Children (EMSC)
Partnership for Children Stakeholder Group Meeting
June 21-22, 2007**

**RETURN BY: June 4, 2007 TO: Kiera Robinson
B L Seamon Corporation
4221 Forbes Boulevard, Suite 245, Lanham, MD 20706
Phone: (301) 577-0244 Fax: (301) 577-5261
Project Code: DHHS/H1119-5**

Travel and Hotel Information Form – Stakeholder Group Representatives who Are Not EMSC Grantees

Please check as appropriate:

Mr. Ms. M.D. Ph.D. Other _____

Name: _____ Title: _____

Organization/Affiliation: _____

Department: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Assistant Name: _____ Phone: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

LODGING ARRANGEMENTS – You will be responsible for settling all incidental charges and additional nights before checking out of the hotel. Check-in is any time after 3:00 p.m. You must check out by 12:00 noon on your scheduled day of departure.

Room Type: Single Double
 Smoking Nonsmoking Handicap No Hotel Needed

Arrival Date: _____ Departure Date: _____

Comments: _____

Your room **MUST** be guaranteed with a credit card.

Type of Card: VISA MC AMEX Other: _____ Expiration Date: _____

Name of Cardholder: _____

Credit Card #: _____

Signature

TRAVEL ARRANGEMENTS – Please make your travel arrangements through our travel agency, Travel-On, at (888) 495-7770 or (240) 387-4188 between the hours of 8:30 a.m. and 5:00 p.m. (e.t.) and reference project # **H1119-5**.

Please indicate your method for arranging your travel:

_____ I will call Travel-On to arrange my travel.

_____ I plan to drive.

_____ I will make my own travel arrangements, and I will fax a copy of my itinerary to B L Seamon Corporation **no later than Monday, June 4, 2007.**

Special Requirements:

