



**SOUDER, BETANCES & ASSOCIATES, INC.**  
DIVERSITY TRAINERS AND CONSULTANTS

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## TRAVEL, LODGING AND SITE FORM

for CONTRACT #:

Please provide the following information to enable us to make final logistical arrangements for Dr. Betances' participation in your event. NOTE: If driving is required on the part of Dr. Betances, please provide detailed directions with a map from Chicago to the site and specific parking arrangements closest to the facility. In addition, please complete all relevant portions of this form.

Requested Date/Time of Arrival to Destination:

Requested Date/Time of Departure from Destination:

### SITE OF EVENT:

Facility:

Address:

City:

State:

Contact Person at site:

Phone:

**DRESS CODE:** \_\_\_ Formal \_\_\_ Business Suit \_\_\_ Business Casual \_\_\_ Informal \_\_\_ Other:

**AIR TRAVEL:** Will Dr. Betances be met at airport? \_\_\_ Yes \_\_\_ No

If yes, by whom?:

In the event of flight changes, please provide the following numbers where a client rep. can be reached.

Wk#:

Hm #:

Cell #:

Car #:

Pgr #:

1-800 #:

**If Dr. Betances is not met at the gate by a person holding a sign with his name, he will go to BAGGAGE CLAIM and wait inside the terminal until met or paged.**

If no, do you recommend that he take a taxi \_\_\_ shuttle \_\_\_ limo \_\_\_

Car/Limo Service Confirmation #:

Car/Limo Service Phone #:

Will Dr. Betances be dropped-off at the airport after the engagement? \_\_\_ Yes \_\_\_ No

If yes, by whom?:

**LODGING: (NOTE: Please Note that Dr. Betances prefers a king size bed in the non-smoking section.)**

Will you be making hotel reservations if necessary? \_\_\_ Yes \_\_\_ No

If yes, Name of Hotel:

Address:

Phone:

Date of Reservation:

Confirmation #:

Direct Billing to Client \_\_\_ Yes \_\_\_ No

If no, please suggest closest hotel to event:

Phone:

**“Strengthening the World of Work Through Diversity”**

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