

COMPANY NAME: _____ CUSTOMER NUMBER: _____

FEDEX DELIVERY ADDRESS (NO P.O. BOXES): _____



DEADLINE TO SUBMIT, CHANGE, CANCEL TRAVEL INFO:
AUGUST 15, 2017

TRAVELER #1

TRAVELER #2

****MUST MATCH PASSPORT INFORMATION****

****MUST MATCH PASSPORT INFORMATION****

First: _____

First: _____

Middle: _____

Middle: _____

Last: _____

Last: _____

Suffix (Jr., III): _____ Gender (M/F): _____

Suffix (Jr., III): _____ Gender (M/F): _____

Date of Birth: _____

Date of Birth: _____

I verified that the information above matches my identification (required to board the plane).

I verified that the information above matches my identification (required to board the plane).

Nickname (for your name badge):

Nickname (for your name badge):

Preferred Airport:

Preferred Airport:

I don't need a flight I prefer red-eye (night) flights

I don't need a flight I prefer red-eye (night) flights

Cell Phone Number: () -

Cell Phone Number: () -

Email Address:

Email Address:

TRAVEL REQUESTS:

Hotel:

King Bed 2 Double Beds Crib

Accessibility:

Wheelchair at airport
 Accessible hotel room
 Other:

Special Events:

Is there a special event you will be celebrating during this trip (birthday, anniversary, etc.)?
If so, on what date? _____

If you plan to fly from a **REGIONAL AIRPORT**, please be advised of the risk of flight changes, cancellations, and multiple connections.

You will be charged points based on the actual additional costs incurred from using a smaller airport.

Additional Comments: _____

In consideration of our participation in the above described trip, we do hereby release and forever discharge Preferred Pump & Equipment, its agents and employees from any and all claims, demands and causes of action which the undersigned now has or which the undersigned's heirs, executors, administrators, assigns, or successors may have arising out of any activity in connection with the customer trip, commencing or ending about the dates shown above. We agree to hold harmless Preferred Pump, its directors, officers, members, agents and their heirs, executors, administrators and assigns, of and from all of the liabilities described above, arising out of or connected with our participation in said trip.

Signature: _____ **Date:** _____ (Only the Owner, Manager, or Travel Leader needs to sign)

Fax to (817) 413-2668 or email to awards@preferredpump.com

For more information, contact the Preferred Pump Dealer Awards Program at (800) 974-2031, ext. 12601