



TRAVEL INFORMATION

NATIONAL VETERANS CREATIVE ARTS FESTIVAL

DEADLINE: _____

*Note to Festival participants, staff and others: _____ staff will be providing complimentary ground transportation from and to the _____ on Monday, _____ and Wednesday, _____ (arrival days) and Monday, _____ (departure day).

NAME (Last, First, MI)	DAYTIME TELEPHONE NUMBER (Include area code)	CELL PHONE NUMBER (Include area code)
VA MEDICAL FACILITY NAME	VA MEDICAL FACILITY ADDRESS (Street, City, State and Zip Code)	
VA MEDICAL FACILITY TELEPHONE NUMBER (Include area code)		

MODE OF TRANSPORTATION <input type="checkbox"/> AIR <input type="checkbox"/> CAR <input type="checkbox"/> BUS	I NEED ASSISTANCE GETTING ON AND OFF THE AIRCRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO BECAUSE I: <input type="checkbox"/> AM VISUALLY IMPAIRED <input type="checkbox"/> USE A WHEELCHAIR <input type="checkbox"/> OTHER _____
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ARRIVAL INFORMATION		
DATE OF ARRIVAL	TIME	NUMBER OF PEOPLE TRAVELING TOGETHER

IS A STAFF PERSON ACCOMPANYING PARTICIPANT YES NO
(If Yes, name of staff person) _____

NAME OF AIRPORT OR BUS STATION AND CITY AND STATE ARRIVING INTO FROM

FLIGHT/BUS NUMBER	AIRLINE
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DEPARTURE INFORMATION	
DEPARTING VIA <input type="checkbox"/>	<input type="checkbox"/> CAR <input type="checkbox"/> BUS

DATE OF DEPARTURE	TIME	FLIGHT/BUS NUMBER	AIRLINE
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SUBMIT COMPLETED FORM NO LATER THAN _____
TO:

Stephanie Torian
Host Site Coordinator (05/Vol)
VA Sierra Nevada Health Care System
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Reno, NV 89502
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