



## 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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<b>ARRIVAL INFORMATION</b>		
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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<b>DEPARTURE INFORMATION</b>	
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  
975 Kirman Avenue  
Reno, NV 89502  
**Phone: (775) 328-1411 / Fax: (775) 337-2276**  
[Stephanie.Torian@va.gov](mailto:Stephanie.Torian@va.gov)