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Adobe Acrobat Reader.**

**Text and calculations will not work in
programs other than Adobe Acrobat.**

REGISTRATION FORM DOWNLOAD/SAVE INSTRUCTIONS

DO NOT FILL OUT FORM IN WEB BROWSER.

*****Download & Save to your computer first.*****

If you opened this from our website OR
via your email from a web browser such as (Google, Mozilla, etc.):

1. Click the download arrow/button in the top right corner of your web browser.
2. Save this file to a place on your computer where you will remember to find it
 - 2a. Some web browsers download this to a “downloads” folder. If this is the case, click the download folder and click the file. Save it where you want to from there.
3. Open Adobe Acrobat Reader. If you do not have Adobe Acrobat, download it free by clicking here: <https://get.adobe.com/reader/>
4. Locate the document and open it. (In Adobe Acrobat Reader - Choose File, Open)

If the button below doesn't go to File, Save As, you do not have Adobe Acrobat Reader open yet. You are still in your web browser and any information you type will not be saved.

Please follow the instructions above and
try clicking this button again.

***If the button above works, you are good to go!
Continue to the next page.***

Please call Sue Lipson at (702) 564-9473 if you are still having issues saving.



REGISTRATION FORM

2025 SkillsUSA Nevada Leadership Conference
JUNE 23-28, 2025 | ATLANTA, GA



MUST READ BEFORE FILLING OUT FORM. DO NOT FILL OUT FORM IN WEB BROWSER.

DOWNLOAD AND SAVE this file to a place on your computer where you will remember to find it, then **OPEN FILE IN ADOBE ACROBAT READER** and begin filling out. Always save your document before closing so you do not lose any information you have already completed.

When completed and saved, please email this form as an attachment to Redace017@yahoo.com by 05/01/25.

ALL RED BOXES ARE REQUIRED

1 CONTACT INFORMATION

SCHOOL NAME:

SCHOOL CONTACT INFORMATION

Contact Person: _____ Contact Person Email: _____

School Address: _____ City _____ State _____ Zip _____

School Phone: _____ School Fax: _____

HOME INFORMATION

Home Phone: _____ Cell: _____

Home Address: _____ City _____ State _____ Zip _____

All documents including airline tickets will be mailed to advisor's attention.

Where would you like documents and tickets sent to? Check one: School Home

DATE YOU COMPLETED THIS FORM

2 TRAVEL NEEDS

Total # of People **Traveling to Nationals by Air & Land**: _____

Total # of People **Flying From Home** to Nationals: _____

Total # of People **Driving From Home** to Nationals: _____

Total # of People **Staying in the Hotel**: _____

SPECIAL REQUESTS OR NEEDS:

3 RENTAL CAR DETAILS

Do you want Travel Wise Trips, Inc. to handle your car or van rental needs? Check one: ☐ YES ☐ NO

If yes, what size car do you require? Check one: ☐ Compact-size ☐ Mid-size ☐ Full-size ☐ Mini-van

If yes, please print the name of the driver of the rental car: _____

IMPORTANT NOTE:

Driver must be 25 years old, have a valid US Driver's License and have a major credit card. Rental cost is not included in package price.

4 FLIGHT DETAILS

**PLEASE CALL SUE FOR FLIGHT INFORMATION
(702) 564-9473**

FLIGHTS MAY HAVE AN ADDITIONAL FEE ATTACHED DUE TO SUPPLY
AND DEMAND AND PAST DUE DEADLINES BY THE AIRLINES.

ALL FLIGHTS ARE SUBJECT TO LAST MINUTE SCHEDULE CHANGES. ANY DEVIATIONS FROM STANDARD GROUP FLIGHTS ARE SUBJECT TO ADDITIONAL FEES.

IMPORTANT:

THE INFORMATION ENTERED ON THE HOTEL PAGES WILL ALSO BE USED FOR RESERVING FLIGHTS. PLEASE MAKE SURE TO CLEARLY TYPE THE FULL LEGAL FIRST, MIDDLE, & LAST NAMES AS THEY APPEAR ON GOVERNMENT ISSUED I.D. FOR TICKETING PURPOSES. ANY CHANGES WILL RESULT IN A FEE OF \$150.00 OR MORE.

Photo ID must be presented by each passenger 18 years of age or older. LEGAL names must be as they appear on their government issued ID.

5 HOTEL ROOM DETAILS - *Single Rooms*

ADVISORS AND STUDENTS MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.

Please contact Sue if sharing a room with someone from another school.

IMPORTANT: PLEASE MAKE SURE TO CLEARLY TYPE THE FULL LEGAL FIRST, MIDDLE, & LAST NAMES AS THEY APPEAR ON GOVERNMENT ISSUED I.D. FOR BOOKING PURPOSES. ANY CHANGES WILL RESULT IN A FEE OF \$150.00 OR MORE.

 **Single Rooms** **REQUIRED:** Type the **total # of people** staying in **single** rooms in this box

If none, type 0

SINGLE ROOM #1					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #2					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #3					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #4					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #5					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #6					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #7					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #8					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #9					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #10					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #11					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
SINGLE ROOM #12					Date of Birth	Arriving Date	Leaving Date
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

June 2025						
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1	2	3	4	5	6	7
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29	30	1	2	3	4	5

5 HOTEL ROOM DETAILS - *Double Rooms*



REQUIRED: Type the **total # of people**
staying in **double** rooms in this box

If none, type 0

ADVISORS AND STUDENTS **MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.**

DOUBLE ROOM #1

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #2

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #3

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #4

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #5

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #6

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #7

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #8

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #9

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #10

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #11

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #12

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

June 2025

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29	30	1	2	3	4	5

5 HOTEL ROOM DETAILS - *Triple Rooms*



Triple Rooms
3 people per room

REQUIRED: Type the total # of people
staying in triple rooms in this box

If none, type 0

ADVISORS AND STUDENTS MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.

TRIPLE ROOM #1

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #2

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #3

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #4

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #5

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #6

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #7

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #8

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #9

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #10

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #11

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #12

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

June 2025						
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22	23	24	25	26	27	28
29	30	1	2	3	4	5

5 HOTEL ROOM DETAILS - Quad Rooms



Quad Rooms
4 people per room

REQUIRED: Type the **total # of people**
staying in **quad** rooms in this box

If none, type 0

ADVISORS AND STUDENTS MAY NOT SHARE ROOMS UNLESS THEY ARE RELATED.

QUAD ROOM #1

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #2

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #3

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #4

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #5

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #6

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #7

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #8

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #9

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #10

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #11

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #12

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

June 2025						
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29	30	1	2	3	4	5



REGISTRATION FORM

2025 SkillsUSA Nevada Leadership Conference
JUNE 23-28, 2025 | ATLANTA, GA



6 PAYMENT DETAILS

ROOM TYPE	*Total # of people	**Price per person	**Total Price
SINGLE ROOM*	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOUBLE ROOM*	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRIPLE ROOM*	<input type="text"/>	<input type="text"/>	<input type="text"/>
QUAD ROOM*	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL PAYMENT DUE ON 05/01/25:

\$

*The numbers in the **Total # of people column above** are the same as the total # of people you entered in the **RED box on each Hotel Room Details page** (i.e. single, double, triple, quad).

If any of the numbers in the **Total # of people column above** are incorrect, please re-enter the correct # of people on **each Hotel Room Details page**, and the above Payment Details and pricing numbers will update automatically. **Remember to save your changes.**

**The prices above include flights.

Payment Instructions

- **Total Payment** is due in our office by **05/01/25**.

Please make all checks payable to **Travel Wise Trips, Inc.** On the Check Memo line please write the name of your school and your state. **FAX a copy of ALL Checks to 702-564-5112** along with a cover letter stating the school name and the lead advisor's name **AND Mail payments** along with a cover letter stating the school name and the lead advisor's name to the following address:

7 COMMENTS / ADDITIONAL INFORMATION

Please indicate any special arrangements or any additional information you would like to submit to us that is not indicated on this form.

8 SIGNATURE

☐ **I AGREE** By checking I agree, I agree that all of the information submitted on this form is complete, correct and valid. I agree that the total payment must be submitted via fax and mail to Travel Wise Trips, Inc. by the date indicated above.

Name of Person who filled out form:

Phone #:

Please review this form thoroughly before sending.

All information requested on this form must be completed in order for us to book flights, hotels and car rentals.

***** SAVE YOUR DOCUMENT AND EMAIL AS AN ATTACHMENT TO Redace017@yahoo.com *****

Please review this form in its entirety before emailing to **Redace017@yahoo.com**. Make sure all of the information is correct and spelled correctly including the **LEGAL** names, genders and dates of birth of the students, adults and advisors. If you need to make changes after you email this form, please email **Redace017@yahoo.com**, or call (702) 564-9473.