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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)

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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 CONTACT INFORMATION -SCHOOL NAME: SCHOOL CONTACT INFORMATION Contact Person: Contact Person Email: School Address:______ State____ Zip_____ School Phone:______ School Fax:_____ HOME INFORMATION Home Phone: _____Cell:_____ ______ State_____ Zip______ Home Address:_____ ___ City___ All documents including airline tickets will be mailed to advisor's attention. DATE YOU COMPLETED THIS FORM Where would you like documents and tickets sent to? Check one: School Home 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 <u>Hotel</u>:

SPECIAL REQUESTS OR NEEDS:

RENTAL CAR DETAILS

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.



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



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

SINGLE ROOM #12

Name:_____

HOTEL ROOM DETAILS - Single Rooms

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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 If none, type 0 1 person per room staying in single rooms in this box SINGLE ROOM #1 Date of Birth Arriving Date Leaving Date □ Student □ Advisor □M □F Name: June 2025 Sun Mon Tue Wed Thu Fri Sat SINGLE ROOM #2 Date of Birth Leaving Date Arriving Date 5 6 1 2 3 4 7 Name:_ □ Student □ Advisor □M □F 8 9 10 11 12 13 14 18 19 20 21 15 16 17 SINGLE ROOM #3 Date of Birth Arriving Date Leaving Date 25 Name: □ Student □ Advisor DM DF 22 23 24 26 27 28 29 30 1 2 3 4 5 Date of Birth SINGLE ROOM #4 Arriving Date Leaving Date Name: □ Student □ Advisor DM DF SINGLE ROOM #5 Date of Birth Arriving Date Leaving Date □ Student □ Advisor □M □F Name:____ SINGLE ROOM #6 Date of Birth Arriving Date Leaving Date DM DF □ Student □ Advisor Name: Date of Birth SINGLE ROOM #7 Arriving Date Leaving Date □ Student □ Advisor □M □F Name: SINGLE ROOM #8 Date of Birth Arriving Date Leaving Date □ Student □ Advisor DM DF Name: Date of Birth SINGLE ROOM #9 Arriving Date Leaving Date □ Student □ Advisor Name: SINGLE ROOM #10 Date of Birth Arriving Date Leaving Date Name: □ Student □ Advisor □M □F SINGLE ROOM #11 Date of Birth Arriving Date Leaving Date Name: □ Student □ Advisor DM DF

□M □F

□ Student □ Advisor

Date of Birth

Arriving Date

Leaving Date



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REGISTRATION FORM

2025 SkillsUSA Nevada Leadership Conference



JUNE 23-28, 2025 | ATLANTA, GA

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2025 SkillsUSA Nevada Leadership Conference



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PAYMENT DETAILS -

ROOM TYPE	*Total # of people	**Price per person	**Total Price	
SINGLE ROOM*				
DOUBLE ROOM*				TOTAL PAYMENT DUE ON 05/01/25:
TRIPLE ROOM*				\$
QUAD ROOM*				

*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 <u>Check Memo</u> line please write the <u>name of your school and your state</u>. FAX a <u>copy of ALL Checks to 702-564-5112</u> along with a cover letter stating the school name and the lead advisor's name AND <u>Mail payments</u> along with a cover letter stating the school name to the following address:

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.

SIGNATURE -

8

□ 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 ***

<u>Please review this form in its entirety before emailing to Redace017@yahoo.com.</u> 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.