

STUDENT TRAVEL INFORMATION

Please complete all of the information requested below and return via email form no later than 30 days prior to your departure. It is your responsibility to schedule and pay for your transportation to the airport.

PLEASE PRINT OR TYPE

STUDENT NAME: _____

SPONSOR DISTRICT: _____

CONTACT PHONE: _____

STUDENT TRAVEL ITINERARY

| | | | |
|-----------------|-------|--------|-------|
| 1. AIRLINE: | _____ | FLIGHT | _____ |
| FROM (CITY): | _____ | NUMBER | _____ |
| TO (CITY): | _____ | | |
| DEPARTURE DATE: | _____ | TIME | _____ |
| ARRIVAL DATE: | _____ | TIME | _____ |
| 2. AIRLINE: | _____ | FLIGHT | _____ |
| FROM (CITY): | _____ | NUMBER | _____ |
| TO (CITY): | _____ | | |
| DEPARTURE DATE: | _____ | TIME | _____ |
| ARRIVAL DATE: | _____ | TIME | _____ |
| 3. AIRLINE: | _____ | FLIGHT | _____ |
| FROM (CITY): | _____ | NUMBER | _____ |
| TO (CITY): | _____ | | |
| DEPARTURE DATE: | _____ | TIME | _____ |
| ARRIVAL DATE: | _____ | TIME | _____ |
| 4. AIRLINE: | _____ | FLIGHT | _____ |
| FROM (CITY): | _____ | NUMBER | _____ |
| TO (CITY): | _____ | | |
| DEPARTURE DATE: | _____ | TIME | _____ |
| ARRIVAL DATE: | _____ | TIME | _____ |

Please return the student travel information to TRYEX Office

E-mail : twyep.tryex@gmail.com

Fax : 886-2-2370-6639

Tel : 886-2-2370-6636

Address : 3F, No.67, Pao Ching Rd., Taipei 10042 Taiwan