


TRAVELER PROFILE FORM for ASEA/AFSCME Local 52, AFL-CIO
SEND TO: ASEAHQ@AFSCMELOCAL52.ORG OR FAX (907) 277-5206

Travel will be based on ASEA POLICY 5.00.000. The least expensive method of travel available will be used, considering cost and time spent in transit, which may include the use of AK Airline miles. Any requested changes that increase the cost of travel will be the responsibility of the traveler.

TRAVELER'S INFORMATION **[CONVENTION TRAVEL: Submit form to ASEA no later than Feb. 13]**

*TSA & all airlines require your date of birth and middle name or initial reflected on your valid government ID used for travel.

Name (FULL Legal Name* as reflected on valid Government ID to board) _____		Date of Birth* _____ <small>MM/DD/YYYY</small>	Gender _____
Home Mailing address _____			
Employee ID number _____	ASEA Chapter _____		
Personal email _____	Mobile Phone number _____		
Work email _____	Origin City/traveling from _____		
Emergency Contact Name & Phone Number _____			
AFSCME ID # _____	To look up your AFSCME ID #, click on the link or scan the QR Code 		
	https://enterprise.afscme.org/enterprise-api/utills/memberLink/		

AIRLINE:

Airline Mileage Plan Number _____	Seat Preference: <input type="checkbox"/> Window <input type="checkbox"/> Aisle <input type="checkbox"/> Front <input type="checkbox"/> Rear
Mileage Plan Airline _____	Redress Number, if applicable _____
If emergency exit row is available, are you willing to assist in exit row duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, do you want to be waitlisted for an upgrade (MVP/Gold upgrades) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Request Wheelchair at Airport	
<input type="checkbox"/> Other (Specify) _____	

HOTEL/LODGING:

Room Preference: <i>Room preferences are not guaranteed and will be based on availability.</i>
<input type="checkbox"/> King <input type="checkbox"/> Queen/Double beds <input type="checkbox"/> Accessible <input type="checkbox"/> Near Elevator <input type="checkbox"/> Away from Elevator
Amenities that are required during your stay: _____

OTHER:

Shirt Size (unisex): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL
Food or product allergies: _____
<input type="checkbox"/> Traveling with wheelchair <input type="checkbox"/> Wheelchair/Scooter, if available <input type="checkbox"/> Limited mobility (limited walking)
<input type="checkbox"/> Accessible Materials, if available <input type="checkbox"/> Translator _____ <input type="checkbox"/> Other _____

ASEA/AFSCME Local 52 is responsible for ROOM and TAX ONLY. PAYMENT OF INCIDENTAL EXPENSES IS THE RESPONSIBILITY OF EACH INDIVIDUAL. A valid credit card or cash deposit will be required upon check-in at hotel.

Signature

Date