Cleveland State University

McNair Scholars Program

TRAVEL CHECKLIST

Name of Trip: _____

Destination: _____

Dates of Trip: _____

Name of McNair Staff: _____

Company/Organization supporting the Conference: _____

Contact Person: _____

Phone No. at Conference Site (in case of emergency): _____

Purpose of Trip: _____

List of Participants	CSU ID No	Emergency Contact Information (Name & Number)
McNair Staff_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Updated: 21st Sept 2009