INTERNATIONAL DOMESTIC TRAVEL EMERGENCY CONTACT INFORMATION

GROUP / TITLE:	GROUP LEADER	TOUR DATES		
CELL #	Land line (include 011-country code	Alternative #	Email	

Department Contact Person	CELL #	Land line #	Email

TRAVEL ITINERARY	DATES	LOCATION	

Participant Name	Emergency Contact Person	Emergency Phone #1	Email

PROVIDE COPIES OF THIS COMPLETED FORM TO DEAN OR CHAIR OF YOUR DEPARTMENT PRIOR TO DEPARTURE

You must identify an on-site person to serve as a "back-up" for you in case of an emergency. Work with your department to identify this person and obtain contact information.