## Trip Itinerary

			Cidiy				
Date:		•	•				
Individual(s) you are requesting to attend the event:							
<b>Event Information</b>							
Requested by:							
Event Name:							
Event Start Date:							
Event End Date:							
Main Event Location Name:							
Address (Street, City, State, Zip	):						
Contact/Event Coordinator:							
Office Phone:							
Mobile Phone:							
Email:							
<b>At-A-Glance Schedule</b> -Plea and other key information			_		oics and	issues, dress attire	
Presentation Information							
Role (check all that apply):	Keynote	Brief Remarks	Installa	ation		Award Presentation	
Audience (check all that apply):	Members	Other Housing Stakeholders (specify)					
	Media	Other					
Approximate Number Attendin	g:						
Time Allotted for Remarks:	Speaking Time	:	Q & A	Time:			
Item(s) Addressed in Remarks:							
HBA Requested Items to Addre	ss in Remarks:						
Audience Member(s) to be Rec	ognized in Rema	arks:					
Media Coverage Expected (check all that apply): Photo Op Newspaper TV Radio Webinar/Webcast							
Any Additional Information:							

Hotel Information				
Will the host cover the expense	nt? Yes	No		
Will the host make arrangemen	Yes	No		
Is there a Room Block Code for	Yes	No	List Code Here	
Hotel Name:				
Address (Street, City, State, Zip)	):			
Phone #:				
Confirmation #:				
Air/Train/Sedan Service				
Trip Leg 1 Date Service Departing Time Arriving Time Arrival/Departure Transfer Person to Meet Officer: Mobile Phone #: Greeting Location: Gate Airport Name: Distance from Airport to Hotel:	Baggage Claim	Trip Leg 2 Date Service Departing Time Arriving Time Title: Email: Other, specify:		
Onsite Transportation:	N/A			
Mode of Transportation:	Private Car Other: Update:	Limo Service	Taxi	
Notes:				

Please email request form to Antonisha Brown at abrown@nahb.org.

Once the Executive Office reviews your request, you will be notified within seven (7) working days after the form has been received.