



National Conference of Vicars for Religious

Theme _____

Dates _____

TRAVEL FORM

Name _____
(Arch)Diocese _____
Daytime Phone Number _____
Cell Number _____
E-mail Address _____

Arrival by Car

Day/Date _____ Time _____

Departure by Car

Day/Date _____ Time _____

Please note the color: _____ model: _____ and license plate number: _____

Arrival by Air travel

Airport _____ Day/Date _____
Airline & Flight Number _____ Arrival Time _____

Departure by Air travel

Airport _____ Day/Date _____
Airline & Flight Number _____ Departure Time _____

Please return this Travel form to:

Mail to:

Sr. Gilmary Kay, RSM
NCVR Secretary
PO Box 29260 Washington,
DC 20017-0260
E-mail: kayg@adw.org

Deadline for return: _____