

AIRLINE RESERVATION FORM

Association of College & Research Libraries

NAME: _____

MAILING ADDRESS: _____

(City)

(State)

(Zip)

PHONE NO. _____

FAX NO. _____ E-MAIL: _____

MEETING: _____

* * * * * PLEASE TYPE OR PRINT INFORMATION * * * * *

Note: United Airlines is the official carrier of ALA

DEPARTURE	RETURN
Airline:	Airline:
Date:	Date:
Time:	Time:

PREFERENCES (Please indicate if required):

_____ *Airport name* _____ *City*

Frequent Flyer no.: _____

Seating: _____
Aisle or Window

SPECIAL REQUESTS

Meals	Handicapped (wheel chairs, etc.)