



Washington County | Waukesha

Continuing Education & Professional Development

Travel Information Form

CELL PHONE : ____ ____ _____

DESTINATION: _____

TODAY'S DATE _____

TRAVELER INFORMATION:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

GENDER: _____ MALE _____ FEMALE

DATE OF BIRTH: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO TRAVELER: _____

EMERGENCY CONTACT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT PHONE: _____

ALTERNATIVE PHONE NUMBER: _____

HEALTH INFORMATION:

ARE THERE ANY MEDICATIONS OF WHICH CONTINUING EDUCATION SHOULD BE AWARE?

ANY ALLERGIES (FOODS, MEDICINES, ETC.):

Desired Pick Up Location (circle one): Washington County, Waukesha or College Ave Park and Ride