



# FLIGHT FORM

**NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES**  
 5516 East Alexandria Pike, Cold Spring, KY 41076  
 Phone: (859) 442-8600 Fax: (859) 442-7038

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(Name of Conference/ Training)

### Identification and contacts

|  |                             |
|--|-----------------------------|
| Name <i>{Exactly as it is on your official identification}</i> | Cell Phone #                |
| Address  |                             |
| Date of Birth  | School/Company Affiliation  |
| Frequent Flier #   | Email                       |
| Emergency Contact  | Emergency Contact's Phone # |

### Preferred flights

|                |       |        |        |
|----------------|-------|--------|--------|
| Departure Date |       |        |        |
| Departure Time |       |        |        |
| Flight Numbers |       |        |        |
| Preferred Seat | Aisle | Window | Middle |

|                |       |        |        |
|----------------|-------|--------|--------|
| Return Date    |       |        |        |
| Return Time    |       |        |        |
| Flight Numbers |       |        |        |
| Preferred Seat | Aisle | Window | Middle |

### Hotel Requests

|                                   |              |      |            |
|-----------------------------------|--------------|------|------------|
| Room Type                         | Double/Queen | King | Accessible |
| Special accommodations requested: |              |      |            |