

PLEASE COMPLETE THIS FORM AND **FAX** TO RIDEAU TRAVEL  
Phone 1-613-789-3684 or 1-800-265-9562 or Fax 613 789-4816  
or e-mail the information to: [voyages.rideau@on.aibn.com](mailto:voyages.rideau@on.aibn.com)

## Travel Arrangements Form

Amnesty International AGM/ Human Rights Conference 2012  
Univeristy of British Columbia, Vancouver BC  
June 15<sup>th</sup> to 17<sup>th</sup>, 2012

NAME: \_\_\_\_\_

TRAVELLING COMPANION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DAYTIME TEL.: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

FREQUENT FLYER NUMBER: \_\_\_\_\_

RESERVATION PREFERENCE:

HOME DEPARTURE: DATE \_\_\_\_\_ TIME \_\_\_\_\_

OTTAWA DEPARTURE: DATE \_\_\_\_\_ TIME \_\_\_\_\_

SEATING PREFERENCE:

WINDOW \_\_\_\_\_

AISLE \_\_\_\_\_

SPECIAL MEAL REQUEST: \_\_\_\_\_

PAYMENT PREFERENCE: CHEQUE \_\_\_\_\_ (tickets will be mailed when  
Cheques clear)

CREDIT CARD TYPE \_\_\_\_\_

NUMBER \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**The form on the reverse needs to be filled out and forwarded to Carole Dore at Rideau Travel and to Kathy Breau at the National Office by Fax: 613-746-2411, email [kbreau@amnesty.ca](mailto:kbreau@amnesty.ca) or mail: 312 Laurier Ave E., Ottawa ON, K1N 1H9**



**AMNESTY INTERNATIONAL Canadian Section (ES)**  
**312 Laurier Ave E., Ottawa, ON K1N 1H9**  
**Phone: 613-744-7667 Fax: 613-746- 2411**

**Voyages Rideau Travel**      **Travel Agent : Carole Doré**  
**418-B Rideau St., Ottawa, ON K1N 5Z1**  
**Phone: 613-789-4816 Fax: 613-789-3684 Toll Free: 1-800-265-9562**  
**Email: [voyages.rideau@on.aibn.com](mailto:voyages.rideau@on.aibn.com) Subject: Amnesty Travel**

**Requisition to Travel for Amnesty International (CSES)**

Participants Name Phone number & email	Indicate R=Return O=one way	Reason for Travel	Departure City & Date	Destination City & Date	Mode of Transportation	Round Trip KM	Budget Account/Line (GL)

**GL Accounts:**  
HRC-6510-008-1401  
EC -6710-003-1330  
Staff-6710-004-1330  
Special Guests-6710-008-1330  
Coord- 6710-900-1500  
FW- 6710-900-1610

**Staff Contact:** \_\_\_\_\_ **Requested by:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_ **Date:** \_\_\_\_\_