



## TRAVEL ARRANGEMENTS PERMISSION

- ◆ I understand that as a GHO participant I am expected to travel with the *Global Health Outreach* team (domestic and international tickets). The best method to contact me to verify my itinerary is:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Time of day: \_\_\_\_\_

- ◆ By signing below I give my permission to *Global Health Outreach* and their travel agent to make my flight arrangements. I understand that I am responsible for payment of any travel arrangements made on my behalf by *Global Health Outreach* and their travel agent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I signify by signing below, that I give GHO permission to charge my credit card for the amount of the airline ticket at time of ticketing. **\*If not able to provide credit card information, please contact GHO to make payment arrangements. Note: We can not ticket without full payment of ticket fees.**

- I also give GHO permission to charge my credit card for my Project Fees, 2-3 weeks prior to team departure. \*\*

\*\* Due to the number of participants GHO processes, we can not contact everyone individually before we run your credit card. If you don't want your card automatically drafted, please email the GHO office with the exact date you would like your card to be charged. Remember the project fees are due 2-3 weeks prior to departure.

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Visa MasterCard American Express (circle one)

Card #: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_