

NATIONAL MARROW DONOR PROGRAM®

INTERNATIONAL AIRFARE REIMBURSEMENT REQUEST FORM

Registered sponsored International attendees to the 2009 Council Meeting may obtain up to \$1,500 (U.S. Dollars) reimbursement for airfare to Minneapolis. To request reimbursement:

1. Completely fill out the information requested on this form.
2. Attach a copy of your airfare receipt or itinerary that includes the dates of travel, ticket price, date ticket purchased and traveler's name.
3. Fax this form and documentation to 612-884-8280.
4. Submit the reimbursement request and documentation by October 12, 2009 to have your reimbursement check available to you at the Council Meeting Registration Desk.
5. After October 12, checks are not guaranteed to be available at Council Meeting. These checks will be mailed to the address you provide on this form.
6. Check cashing and currency exchange services from Wells Fargo Bank will be available on Thursday, Friday and Monday (November 5, 6 and 9) only. Check must be made payable to the individual cashing the check.
7. Questions may be directed to the Education & Training Specialist at NMDPEducation@nmdp.org or 612-884-8438.

Sponsored Attendee Information – Please print or type

First Name: _____ Last Name: _____

Center ID #: _____ Center Name/Organization: _____

Airline Ticket Information

Please complete all fields below and attach your receipt, itinerary, etc.

Ticket Price (in home currency): \$ _____ Currency Type: _____

Date Purchased: _____

Check Details – Please print or type

Check should be issued to: Individual Organization

Make check payable to: _____
(list individual's name or organization's name exactly as it should appear on the check)

Mailing Address: _____

Country: _____ Postal Code: _____

Fax to 001-612-884-8280
Along with your receipt
Attn: Sarah Nickolay Gray

NMDP Use Only:
EdCoord: _____