



COUNCIL OF GREAT LAKES GOVERNORS  
BRAZIL, CHILE & PERU TRADE MISSION 2010  
PARTICIPANT TRAVEL INFORMATION



If there is more than one person from your company participating in this mission, please fill out a separate sheet for each traveler.

Title:                      First Name:                                              Last Name:

Job Title:

Company Name:

Company Address:

Company Address 2:

City:                                              State:                                              Zip Code:

Phone Number:                                              Company Website:

Participant Email:

Participant Passport Number:                                              Passport Nationality:

Please submit a company profile (one paragraph) that we can use to introduce you to potential contacts, as well as for possible use in a mission participants' summary document:

*Flight Information: Please fax or email your itinerary to Zoë Munro at (312) 407-0038 or [zmunro@cglg.org](mailto:zmunro@cglg.org) as soon as reservations have been made.*

Credit Card (for hotel reservations):    Amex                      M/C                      Visa                      D/C

Credit Card Number:                                              Exp. Date:

Security Code:

Name as it appears on the credit card:

## Hotel Information

### RENAISSANCE

São Paulo, Brazil

Room Rate: \$155 includes free internet in room and breakfast

Arrival Date: Sunday, April 11, 2010      *Arrival Date If Other:*

Departure Date: Wednesday, April 14, 2010

Check In: 3:00 p.m.      Check Out: 12:00 p.m.

**Cancellation Policy:** Rooms can be cancelled up 45 days prior to check in without penalty.

### PLAZA EL BOSQUE PARK & SUITES

Santiago, Chile

Room Rate: \$170 includes breakfast buffet

Arrival Date: Wednesday, April 14, 2010

Departure Date: Sunday, April 18, 2010\*      *Departure Date If Other:*

Check In: 2:00 p.m.      Check Out: 12:00 p.m.

\*The group plans to stay in Santiago, Chile over the weekend of April 17-18.

**Cancellation Policy:** Rooms can be cancelled up to 30 days prior to check in without penalty.

### JW MARRIOTT

Lima, Peru

Room Rate: \$210 includes breakfast buffet

Arrival Date: Sunday, April 18, 2010      *Arrival Date If Other:*

Departure Date: Tuesday, April 20, 2010      *Departure Date If Other:*

Check In: 3:00 p.m.      Check Out: 12:00 p.m.

**Cancellation Policy:** Rooms can be cancelled up to 45 days prior to check in without penalty.

## Drivers and Interpreters

**Interpreters Needed:**

Portuguese	Yes	No
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Spanish	Yes	No
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**Drivers needed:**

São Paulo, Brazil	Yes	No
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Santiago, Chile	Yes	No
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Lima, Peru	Yes	No
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Do you have:	any special dietary restrictions	Yes	No
	any mobility restrictions	Yes	No

If yes, please explain:

Please carry all prescription medications on the plane with you. Be aware that your health insurance may not provide coverage while traveling internationally. International health insurance is available.

List a contact person(s) in case of emergency. Include name and phone number.

**Contact Name:**

**Phone Number:**

When you hit the submit button, a send form box will appear. Enter your email address and email (if not already shown) and click send. Select either desktop application or internet mail and click OK.