



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 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
------------	-----	----

Spanish	Yes	No
---------	-----	----

Drivers needed:

São Paulo, Brazil	Yes	No
-------------------	-----	----

Santiago, Chile	Yes	No
-----------------	-----	----

Lima, Peru	Yes	No
------------	-----	----

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.