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**Please email this completed request to:** [**ohiogrouptravel@cbtravel.com**](mailto:ohiogrouptravel@cbtravel.com)

**Request Date:** Click here to enter date.

**University Name, Campus & Department:** Click here to enter text.

**Expense GL Org:** Click here to enter text.

**Group Contact Name:**  Click here to enter text.

**Email:** Click here to enter text.

**Office Number:** Click here to enter text.

**Cell Number:** Click here to enter text.

**Event Name:** Click here to enter text.

**Event Destination:** Click here to enter text.

**Program Start Date:** Click here to enter date.

**Program End Date:** Click here to enter date.

**Estimated # of People:** Click here to enter text.

**Services Requested:**

Hotel

Air

Bus Charter

Van

Rental Cars

Other

**If other, please explain:** Click here to enter text.

**AIR**

**Originating Airport:** Click here to enter text.

**Destination Airport:** Click here to enter text.

**Travel Day and Date Outbound:** Enter date.

**Travel Day and Date Return:** Enter date.

**Indicate latest airport arrival time, if any:** Enter time.

**Indicate earliest airport departure time, if any:** Enter time.

**Preferred airline, if any:** Click here to enter text.

**Preferred flight, if any:** Click here to enter text.

**# of seats:** Click here to enter text.

**Other requests/comments:** Click here to enter text.

**HOTEL   
Hotel Arrival Date:** Click here to enter date.

**Hotel Departure Date:** Click here to enter date.

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicate # of rooms by bed type per night:** | | | |
| **Day** | **2 Beds** | **Kings** | **Suites** |
| **Arrival Day** | Enter number. | Enter number. | Enter number. |
| **Day 2** | Enter number. | Enter number. | Enter number. |
| **Day 3** | Enter number. | Enter number. | Enter number. |
| **Day 4** | Enter number. | Enter number. | Enter number. |
| **Day 5** | Enter number. | Enter number. | Enter number. |
| **Day 6** | Enter number. | Enter number. | Enter number. |

**Do you require early check-ins?** Y/N

**If yes, indicate # of rooms:** Enter number.

**Do you require late check-outs?** Y/N

**If yes, indicate # of rooms:** Enter number.

**Do you require meeting space?** Y/N

|  |  |  |  |
| --- | --- | --- | --- |
| **If yes, please indicate below or send an agenda with this request- you may attach a document with full details if available.** | | | |
| **Day** | **Meeting Space** | **Food and Beverage** | **Other** |
| **Arrival Day** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Day 2** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Day 3** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Day 4** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Day 5** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Day 6** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Full-Service or Limited Service Hotel:** Choose an item.

**If hotel needs to be within a certain radius of venue, indicate venue address and requested # of miles:** Enter number.

**Do you have a preferred hotel?** Y/N

**If yes, indicate contact info on property:** Click here to enter text.

**Other requests/comments including need for “Day use rooms”:** Click here to enter text.

**CHARTER BUS – Include full travel itinerary if possible**

**Travel Start Date:** Click here to enter date.

**Departure Time:** Enter time.

**Travel Return Date:** Click here to enter date.

**Return to Location Time:** Enter time.

**Original Pick up/Drop off Location:** Click here to enter text.

**Do you require internet connection on Motorcoaches?** Y/N

**(Additional fees may apply)**

**Total # of passengers:** Click here to enter number.

**(We do not suggest filling a Motorcoach to capacity)**

**Other requests/comments:** Click here to enter text.

**OTHER SERVICES:  
Please indicate any additional services you would like assistance with:** Click here to enter text.

**After receiving this request form, you will be contacted by a CBT representative to confirm your contact person and to review your needs.**

**Expected proposal turnaround:**

* **Program date 9 or more months out: 3 weeks**
* **4-9 months out: 2 weeks**
* **Under 3 months: 1 week**

**Please indicate if you request an earlier date:** Click here to enter text.