

TRAVEL SURVEY

Attorney General's Honors Program Interviews  
October 25 - November 12, 2004  
Washington, D.C.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please print*

Social Security Number: \_\_\_\_\_  
*Required for Government travel*

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
*If possible, list a telephone number where you can be reached during the day.*

Emergency contact: \_\_\_\_\_  
(Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

*Please provide the name and telephone numbers (day and night) of a person we may contact in case of emergency.*

Fax number where you can receive documents (Mandatory): \_\_\_\_\_  
*Many Law School Career Services offices permit use of their fax for this purpose. Please ask a Career Services professional whether you may receive documents sent by the Department of Justice through their office.*

Do you wish to drive your privately owned vehicle (POV)? *[Must either be within reasonable commuting distance or meet other Joint Travel Regulation requirements (e.g., costs less than commercial travel.) The Department will not authorize an overnight stay at government expense based solely on use of POV for personal convenience.]*     YES     NO

Your Preferred Departure Airport: \_\_\_\_\_  
*City and State. If more than one in the area, please specify.*

Preferred Interview Week (rank 1, 2, 3):     Oct 25-29     Nov 1-5     Nov 8-12

Preferred Interview Day: Check one:     Monday     Tuesday     Wednesday     Thursday     Friday

2d Choice Interview Day: Check one:     Monday     Tuesday     Wednesday     Thursday     Friday

*Interviews will be scheduled in the order responses are received. The Department will consider your interview preferences but cannot guarantee that your first choice will be accommodated. If your final itinerary presents a major conflict, you may contact your scheduler at the number provided with your itinerary.*

Law School (if currently enrolled): \_\_\_\_\_

Do you have a disability or special need that affects your travel? If so, please tell us what types of special services or reasonable accommodations you need in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE THIS FORM IMMEDIATELY AND FAX TO THE CONFERENCE AND CONTRACT SECTION AT  
(202) 307-0862. (If that number is busy, send to (202) 514-6741.)