## **Doctor's Trip Planner**

The Nephron Information Center http://nephron.com

Name	Date leaving	Date back	Meeting/Conf	Company
Contact person	Phone	Registration fee	Honorarium	Payment ☐ Individual ☐ Practice ☐ Company
City and Date Departing	Flight Time	Airline	Flight number	Terminal
City and Time arriving	Ground □ Taxi □ Limo/pickup □ Rental	Hotel name	Hotel address/phone	Hotel confirmation
Intermediate location (if any)	Flight Time	Airline	Flight number	Terminal
Time arriving	Ground □ Taxi □ Limo/pickup □ Rental	Hotel name	Hotel address/phone	Hotel confirmation
Date returning	Flight Time	Airline	Flight number	Terminal
Time arriving	Ground  Taxi Limo/pickup Rental	Hotel name	Hotel address/phone	Hotel confirmation

**Special notes/comments:** 

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