

Playas Training and Research Center Site Visit

Date(s) of Site Visit _____ Arrival Time _____ Departure Time _____

PTRC Point of Contact [_____]

Sponsoring Customer Company [_____]
 POC Name [_____]
 POC Phone [_____]
 E-Mail [_____]

Purpose of Visit [_____]

Arrival Plans [_____]

Facilities Needed/Times

[_____]	[_____]
[_____]	[_____]
[_____]	[_____]
[_____]	[_____]

Number of Attendees [_____]

Foreign	Names (if available)	Additional Notes
<input type="checkbox"/>	[_____]	[_____]
<input type="checkbox"/>	[_____]	[_____]
<input type="checkbox"/>	[_____]	[_____]
<input type="checkbox"/>	[_____]	[_____]
<input type="checkbox"/>	[_____]	[_____]
<input type="checkbox"/>	[_____]	[_____]
<input type="checkbox"/>	[_____]	[_____]
<input type="checkbox"/>	[_____]	[_____]

(Attach additional names)

Itinerary (Attach or fill in)

<i>Approximate Time</i>	<i>Event</i>
[_____]	[_____]
[_____]	[_____]
[_____]	[_____]
[_____]	[_____]
[_____]	[_____]
[_____]	[_____]

Meal Support Needed Breakfast Lunch Dinner
 Number [_____] Time [_____] Location [_____]

Audio/Visual Equipment/Support Needed

[_____]

Comments/Special Considerations

[_____]