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Call UCLA at 310	<b>-206-0613</b> to re	serve your place!	
Please have the information outlined below available to share with our Travel Experts.			
If you prefer, you may also complete this Reservation Request and submit it to our office. Once this request is received in our office, an AHI Travel Expert will contact you within one business day to discuss deposit payment. Your reservation is not confirmed until your deposit is paid and processed.			
Send to AHI Travel International Tower - Suite 600			
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Please select an op	tion below. sustaining donor.		ssociation sustaining donors*.  In for: \$100 \$500 \$1,000
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			t amount is \$600 per person.)
Cabin Category	<b>Desired</b> (if applied	able): 1st choice	2nd choice
Full Legal Name	(exactly as it appe	ears on passport)	
Title	First	Middle	Last
Date of Birth	Email		Name you would like on your name badge
<b>2)</b>	First	Middle	Last
Date of Birth	Email		Name you would like on your name badge
Street Address			
City		State	ZIP
Home ()		Cell ()	
Sharing with			
Simula Assaumand		e (Reservation Request sent separate	ely)
Single Accommod			at an authority and the state
☐ I request assistance	ce in securing a room		e, if one is available at this time, and different the supplement will no longer apply.
Flights			
☐ Yes, I/we are requ	esting the round-trip	AHI FlexAir to depart from:	
	Dep	parture City	
I/we are interested in	•	national flight to the following:	
☐ First Class ☐ Business Class ☐ Premium Economy			
☐ No thanks! I/we w	ill book my/our own	air travel and transfers.	
full by 75 days prior to	departure. Reservation	ons received after this date mu	-served basis. Reservations to be paid in st be accompanied by payment in full. er or Amex. Make checks payable to
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