



Airport Arrival/Pickup

Please return this form to IPO **at least two to three weeks prior** to your arrival in Lewiston. An email confirmation will be sent to your email address within three working days of receipt of this form.

PLEASE PRINT IN CAPITAL LETTERS

Student Information:
 Name: (Family/Last) _____ (First) _____
 Student No.: _____ Gender: Male Female
 Email: _____@_____._____ (please write as neatly as possible)
 Name of Contact Person in Home Country: _____
 Contact Person's Phone # (include country & city codes): _____
 Contact Person's Email: _____@_____._____
 Name of Contact Person in USA if applicable (friend or family member): _____
 Contact Person's Phone # (include area code): (_____) _____
 Contact Person's Email: _____@_____._____

Travel Itinerary

Please provide complete travel details including flight numbers and times:

Lewiston Arrival Date: (MM/DD/YY) _____ Lewiston Arrival Time: _____
 Airplane (Flight #) _____

Originating City: _____ Airline: _____ Flight #: _____ Departure Date: _____ Departure Time: _____	Connecting City: _____ Airline: _____ Flight #: _____ Departure Date: _____ Departure Time: _____
Originating City: _____ Airline: _____ Flight #: _____ Departure Date: _____ Departure Time: _____	Final Connecting City: _____ Airline: _____ Flight #: _____ Departure Date: _____ Departure Time: _____

Housing

Do you plan to stay: in On-Campus Housing with a Host Family Other
 Have you made prior arrangements for housing? Yes No
 Please provide the name of the residence hall, apartment unit, or Host Family with which you will be staying:
