



The MIT Office of Minority Education

Massachusetts Institute of Technology
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INTERPHASE 2009 STUDENT TRAVEL INFORMATION FORM (This form **MUST** be received by **June 5th**)

Name: _____
Last First M.I.

Permanent Address: _____
Street/Road Unit/Apt

City/Town State Zip Code

Telephone Number: () ()
Home Cell

Preferred Email Address: _____

Gender: Male Female

Parent/Legal Guardian(s): _____ Cell Phone Number(s): _____

T-Shirt size: S M L XL XXL Other: _____

I will be traveling to MIT by:

BUS CAR TRAIN AIR

From: _____
City State

Arriving in Boston _____
DATE (Be sure this is correct!!!) TIME

If arriving by **BUS** or **TRAIN**:

Bus Company Name/Terminal: _____

If arriving by **AIR**:

ARRIVAL

Airline: _____ Flight No. _____

DEPARTURE (if you will leave Boston at the completion of the program)

Destination: _____
City State Date Time

Airline: _____ Flight No. _____