Baptist Health South Florida
Continuing Medical Education

FLIGHT RESERVATION INFORMATION SHEET

CME Activity Title:_____

CME Activity Date:_____

Baptist Health South Florida will make your flight arrangements for a coach economy flight based on your desired date and time.

NOTE: To expedite services, please provide your full name as it appears on the government issued ID you use for travel, your gender and your birth date. (As per requirements of Transportation Security Administration government initiative, known as Secure Flight, effective 8/15/09.)

Speaker's Name As it appears on your government Issued ID	
Address	
City, State, Zip Code	
Contact Number	
Birth Date	
Departure City	
Preferred Departure Airport	
Preferred Arrival Airport	
Flight Miles Membership* *Optional*	
Company	
Member ID	
Special Needs Request	

*We will do our best to accommodate your airline and mileage preference depending on the best available rates.

If you have any questions, please do not hesitate to contact us at 786-596-2398.

Thank you!

SUBMIT