

# MULTI-DAY FIELD TRIP INSTRUCTIONS

The Association of American Geographers  
2007 Annual Meeting  
April 17-21 2007  
Hilton San Francisco  
San Francisco, California

**COMPLETE FORM MUST BE SUBMITTED BY OCTOBER 1 2006.**

**Incomplete forms will be returned.**

*PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING:*

- All trips will depart from the Hilton San Francisco.
- Be specific in describing the route of the trip - this will be used in determining the cost of transportation and will also be a reference for AAG Conference Management
- Include information regarding special dress or gear requirements (raingear, hiking boots, drinking water, etc).
- If lunch at a restaurant will be part of the trip, include the name, address, phone number, and contact person of the establishment along with the per person cost.
- Box lunches provided by hotel should be estimated at \$40 per person. This cost is considerably high, so another option is to stop at restaurants along the way for meals and ask participants to bring money with them.
- If hotel or motel accommodation is required, the room rate provided should be per person based on double occupancy. All participants will have to share a room, or pay a single supplement.
- Include as many expenses as possible in the basic fee. Trip descriptions should be specific about what is and is not covered in the fee.
- The trip will be budgeted to cover expenses for up to 3 leaders. Additional leaders must pay for lodging, meals, etc. Travel and per diem for field trip organizers or leaders are not allowable expenses.
- Dry-run expenses are allowable budget items.
- **Organizers are responsible for making all arrangements, including hotel reservations, and providing registrants with all materials needed on the field trip.**
- In order to obtain firm bids on costs, organizers should make all initial contacts with hotels, restaurants, passenger vessels, etc. (with the exception of buses - the AAG will negotiate and contract bus transportation when required).
- Reimbursement requests must be made in writing to the AAG office and received no later than 30 days after the field trip or site visit is completed. Original receipts for all expenditures are required for reimbursement.
- AAG is unable to reimburse for expenses not estimated and submitted in advance on the budget worksheet.
- The AAG office will coordinate field trip registration and fee collection. Names and addresses of trip registrants will be available one week before the conference. Please note that if your field trip is not filled at that time, on-site registrants may be added.
- **All contracts must be signed by the AAG.**
- **AAG reserves the right to cancel a trip if running it would result in a substantial financial loss to the AAG.**

## **SUBMISSION METHODS:**

**FAX: 703-964-1246**

**MAIL: AAG 2007 Conference, 11260 Roger Bacon Drive, Suite 402  
Reston, VA 20190**

**E-MAIL: [sheristachowski@conferencemanagers.com](mailto:sheristachowski@conferencemanagers.com)**

**QUESTIONS: 703-964-1240, x23**

**SUBMISSION DEADLINE: OCTOBER 1 2006**

**MULTI-DAY  
FIELD TRIP  
FORM** Page 1 of 3

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TITLE (as it will appear in all official publications): \_\_\_\_\_

**TRIP DESCRIPTION:** Please provide a description (100 words or fewer) of the field trip. The preferred method of submission is via e-mail to [sheristach@conferencemanagers.com](mailto:sheristach@conferencemanagers.com). Be as specific as possible regarding the details of the field trip. Your description will be used for all official publications including the AAG website and on-site conference program.

Preferred day(s) and date(s) of trip: \_\_\_\_\_  
Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_ Total Time \_\_\_\_\_

**SPONSOR** (select one)

AAG Specialty Group (specify) \_\_\_\_\_  Other Group (specify) \_\_\_\_\_  
 No sponsor - organized by individuals

**ORGANIZER(S):**

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**LEADER(S) if different from Organizer(s):**

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**CAPACITY:**

Please choose the maximum number of attendees desirable (include all leaders and organizers) from the following 3 options (based on the capacity of 3 different types of buses available).  
\_\_\_\_\_ 20 \_\_\_\_\_ 40 \_\_\_\_\_ 50

**TRANSPORTATION:**

What kind of transportation will this field trip/site visit require?

None  Bus  Other (specify) \_\_\_\_\_

Please list all sites (include addresses) you expect to visit:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Approximate total mileage for entire trip: \_\_\_\_\_

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## MULTI-DAY TRIPS

**HOTEL/MOTEL INFORMATION** - Provide information for all overnight stops. Room rate provided should be per person based on double occupancy. All participants will have to share a room, or pay a single supplement. Attach additional sheets if necessary.

1. Contact Name _____	2. Contact Name _____
Hotel/Motel Name _____	Hotel/Motel Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
E-mail address _____	E-mail address _____
Double Rate \$ _____	Double Rate \$ _____
Deposit Amount, if any \$ _____	Deposit Amount, if any \$ _____
Deposit Due by _____	Deposit Due by _____

**MEAL INFORMATION** - If meals are included in trip cost, please complete the following for each meal that is included. Attach additional sheets if necessary.

1. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Date _____	2. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Date _____
Contact Name _____	Contact Name _____
Restaurant Name _____	Restaurant Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
E-mail address _____	E-mail address _____
Cost per person, incl tax & tip \$ _____	Cost per person, incl tax & tip \$ _____
Deposit Amount, if any \$ _____	Deposit Amount, if any \$ _____
Deposit Due by _____	Deposit Due by _____
3. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Date _____	4. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Date _____
Contact Name _____	Contact Name _____
Restaurant Name _____	Restaurant Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
E-mail address _____	E-mail address _____
Cost per person, incl tax & tip \$ _____	Cost per person, incl tax & tip \$ _____
Deposit Amount, if any \$ _____	Deposit Amount, if any \$ _____
Deposit Due by _____	Deposit Due by _____

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**FIELD TRIP BUDGET WORKSHEET**

Please be as thorough as possible. AAG is unable to reimburse for expenses not estimated and submitted in advance.

Name of Field Trip : \_\_\_\_\_

Maximum number of attendees (include all leaders and organizers) - from page 1: \_\_\_\_\_

**PER-PERSON COSTS (include all taxes and gratuities in each line item)**

Accommodations \_\_\_\_\_  
Box lunch (est. \$40) \_\_\_\_\_  
Other meals \_\_\_\_\_  
Refreshments \_\_\_\_\_  
Admission fees \_\_\_\_\_  
Field Guide/Handouts \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
Total per-person cost \_\_\_\_\_

**FIXED COSTS**

Bus Transportation (est. \$550 per 4 hours for 50 passengers) \_\_\_\_\_  
Other transportation \_\_\_\_\_  
Highway Tolls \_\_\_\_\_  
Parking Fees \_\_\_\_\_  
Speaker honoraria \_\_\_\_\_  
Gratuities (bus driver, tour guide, etc) \_\_\_\_\_  
Dry Run expenses (include mileage - \$.34 per mile) \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
Total Fixed Costs \_\_\_\_\_

**To be completed by AAG: FINAL PER-PERSON FEE: \$ \_\_\_\_\_**

*The AAG reserves the right to revise and make final determination on all expenses, budgets and fees*