



MEMBERSHIP PROGRAMS

UBC PROGRAM AND CONFERENCE TRAVEL FORM

Date of Program: _____

Program name: _____

Traveling to: _____

Traveling preference: _____

Name: _____ DOB: _____
(As it appears on your DL)

Job Title: _____ UBC ID: _____

Cell Phone: _____

Email Address: _____

Emergency Contact (name and number): _____

Are you currently receiving State disability? Please circle any that apply.

SDI - State disability insurance

LTDI - Long-term disability insurance

PFL - Paid family leave

UI - Unemployment Insurance

Recommended and Approved By: _____