

ASM TRAVEL POOL REQUEST FORM

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Send this form to: W. Jay Moon along with your registration. Use any of the following contact methods:  
Sioux Falls Seminary, 2100 S. Summit Ave, Sioux Falls, SD 57105. FAX: 605/335-9090, jmoon@sfseminary.edu

"In order to be eligible for this rebate, I hereby indicate that (1) I am a member of the ASM currently paid up, and have been a member at least six months prior to this meeting; (2) either I or my institution has paid the registration fee; and (3) the amount of this rebate request is equal to what I personally would have to shoulder, minus any part or portion refundable from any other source, and minus an additional \$125 which I am in any case expected to bear personally."

SIGNED

The minimum air fare from \_\_\_\_\_ to \_\_\_\_\_ and return, less what is otherwise being reimbursed from another source, is...

\$ \_\_\_\_\_  
Less \$125, the remaining amount  
requested is  
\$ \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_