

TRIO / United Airlines Travel Program Application

Date	_
Passenger Name (as on travel ID)	
Address	() Male () Female
	Date of Birth//
Phone () Email	
TRIO Member? () Yes: Chapter Name	or () Member-at-Large
() No	
Person making request if other than passenger	
Relationship	
Applicant is () Candidate () Recipient ()	Living Donor
Type () liver () heart () kidney	() bone marrow () lung () pancreas
() kidney/pancreas () heart/lun	g () cornea () other:
If you are a donor:	
Name of recipient	relationship
Have you applied to the National Living I	Donor Assistance Program?()Yes()No
If YES, did you receive a grant? Gr	ant Amount:
If YES and you were not funded, reason of	given
In NO. will you apply? () Yes () No	

ranspla	ant Center Information:		
T	ransplant Center		
T	ransplant Coordinator Name		Phone ()
E	Email		-
Т	ransplant Social Worker Name:		Phone: ()
E	Email		-
<u> Air Trav</u>	el Information		
[Depart from	to	
[Departure Date	Requested Arrival	Time
F	Return Date	Requested Return Time	
S	Sign here* (by person making the reque	st):	
Once fo	orm is completely filled out:		
i. If co	empleted electronically, save the form	n and then email i	it to info@trioweb.org
2. Othe	erwise, mail the completed and signe	d form to:	
TRIO 17560 I	Buckingham Garden Drive		
	FL 33547		

*By submitting this application, you are authorizing a representative of TRIO to speak with your Transplant Coordinator and/or Social Worker and authorizing the Coordinator and/or Social Worker to speak with a TRIO representative.

<u>Please be aware that the TRIO/UAL program can provide frequent flyer seats only if sufficient frequent flyer miles have been donated to TRIO.</u>