



TravelSmart Registration Form

Eligibility: At this time, the TravelSmart program is available to staff and students from UNMC, Nebraska Medicine, and Clarkson College who **primarily work or study at the 42nd & Dewey campus or ECCP (East Campus Corporate Pavilion)**. In the future, this program may be made available to other staff and students.

Instructions: Please complete pages 1 - 3 and submit to TravelSmart by either email (fillable form) or campus mail (printed form):

TravelSmart
4230 Building - Facilities Management & Planning Department
Campus Mail: Zip 7100
Email: TravelSmart@unmc.edu

First Name _____ Last Name _____ Date _____

Work/School Phone Number (if applicable) _____

Work/School Email Address (if applicable) _____

1. Please mark the box noting your organization and role.

- | | | |
|---|--|---|
| <input type="checkbox"/> Clarkson College - Staff | <input type="checkbox"/> Nebraska Medicine - Staff | <input type="checkbox"/> UNMC - Student |
| <input type="checkbox"/> Clarkson College - Student | <input type="checkbox"/> UNMC - Staff | <input type="checkbox"/> Sodexo Staff |

2. How did you hear about the TravelSmart program?

3. Do you CURRENTLY use “active transportation” (bike, carpool, take the bus, or walk) to periodically or regularly travel to the 42nd & Dewey or ECCP campus for work/school?

- Yes No

4. If you answered YES to question #3, how often do you CURRENTLY use “active transportation” to travel to campus during a typical Monday-Friday business week?

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 day per business week | <input type="checkbox"/> 3 days per business week | <input type="checkbox"/> 5 days per business week |
| <input type="checkbox"/> 2 days per business week | <input type="checkbox"/> 4 days per business week | <input type="checkbox"/> Only Occasionally |

5. Please mark the “active transportation” mode(s) that you would like to register for as part of the TravelSmart program (i.e., the modes that you currently use or would like to start using to periodically or regularly travel to/from campus).

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Carpool (carpool partners need to be identified already) |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Walk |

BICYCLISTS / BUS RIDERS / WALKERS ONLY

If you marked **Bicycle**, **Bus**, and/or **Walk** in **question #5**, please complete questions #6 and #7 below:

6. **Do you currently have a campus parking permit?**

- Yes No

7. **If you marked YES in question #6, would you like to CANCEL your parking permit at this time?**

(Please note that you do not have to cancel your parking permit to participate in TravelSmart.)

- Yes.** *I would like to cancel my parking permit, and I will return it to Parking Services when instructed to do so.*
- No.** *I would like to keep my parking permit at this time.*
- Not Applicable.** *I do not currently have a campus parking permit.*

***Please move to question #10 on page three to finish completing this registration form.**

CARPOOLERS ONLY

If you marked **Carpool** in **question #5**, please complete questions #7 - #9 below.:

7. **Please accurately provide the names and requested information for your carpool partner(s).**

*Please note that you can only sign up as a TravelSmart carpooler if you have already identified your carpool partner(s). If you do **NOT** have carpool partner(s) identified at this time and would like to carpool to campus, please discontinue filling out this form and contact us at 402.558.8580 (ext. 3) so we can try to help you identify other staff/students interested in carpooling who live close to you.*

First Name	Last Name	Organization	Work Email (if applicable)	Work Phone (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. **Do you and/or your carpool partner(s) currently have campus parking permits?**

- Yes No

9. **If you marked YES in question #8, do you and your carpool partner(s) want to KEEP your current parking permits and continue paying the ongoing fee OR do you and your carpool partner(s) want to CANCEL your parking permits in order to obtain a free/shared carpool pass?**

*Please note that all carpool members have to choose the same option. In order to obtain a free/shared carpool pass, all carpool members have to cancel their parking permits by returning them **IN PERSON** to Parking Services at the **SAME TIME**.*

- Cancel.** *My carpool group would like to cancel our parking permits. We will return them all to Parking Services in person at the same time in order to obtain a free/shared carpool pass when instructed to do so.*
- Keep.** *My carpool group would like to keep our parking permits and continue paying the ongoing fee.*
- Not Applicable.** *My carpool partner(s) and I do NOT currently have parking permits.*

EVERYONE Should Complete the Questions Below

10. As a registered TravelSmart participant, how often do you think you will use “active transportation” to travel to campus during a typical Monday-Friday business week? (i.e., What is your plan/goal?)

- 1 day per business week 3 days per business week 5 days per business week
 2 days per business week 4 days per business week Other _____

11. Please enter your initials to the box below if you understand and agree to the TravelSmart Program Guidelines and Expectations.

YES. I understand and agree to the TravelSmart program guidelines and expectations.

12. Can you briefly explain why you are interested in TravelSmart and/or what motivates you to use “active transportation” to travel to campus?

13. After we receive this registration form, we will contact you within five business days to confirm that you are officially registered with the TravelSmart program and to inform you of NEXT STEPS (e.g., authorizing your ID badge so that it can be used as a bus pass). Please check the box and enter the requested information regarding the best method for contacting you during the hours of 8am - 5pm.

- Email (please list your email) _____
 Phone (please list your phone number) _____
 Interoffice Mail (please list your department’s campus zip code) _____
 Contact your supervisor (please list his/her name AND email address) _____
 Other (please provide relevant details) _____

After completing this registration form, please submit to:

**TravelSmart
4230 Building - Facilities Management & Planning Department**

Campus Mail: Zip 7100

Email: TravelSmart@unmc.edu

If you have any questions about this registration form and/or the TravelSmart program, please call 402.559.8580 (ext. 3) or email TravelSmart@unmc.edu.