

**Confidential Traveler Profile**

| **Name: (Full name as indicated on Government Issued ID REQUIRED)** |  |
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| --- | --- | --- | --- |
| **Gender:** (**REQUIRED)** |  | Date of Birth: (REQUIRED) |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company:** |  | **Location:** |  | Department: |  | **Position:** |  |

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| --- | --- | --- | --- |
| **Business Address: telephone:** |  | **Business Fax:** |  |

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| --- | --- | --- | --- | --- | --- |
| **E-mail:** |  | **Cellular:** |  | **Business Phone:** |  |

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| --- | --- | --- | --- |
| **Home Address:** |  | **Home Phone:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Passport Number:** |  | Passport Expiry: |  | **Citizenship:** |  |

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| **Emergency Contact/Next of kin:  *(*REQUIRED *per US Federal Gov’t regulation for transborder and international flights)*** |

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| --- | --- | --- | --- |
| **Name:** |  | **Phone:** |  |

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| --- |
| Would you authorize your Department Administrator to book your travel on your behalf?  Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department Administrator** | **Name** |  | **Email** |  |

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| --- | --- | --- | --- |
| **Telephone:** |  | **Fax:** |  |

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| ***Additional Information: The following information may or may not apply to each individual traveler. Should you have specific needs or requests kindly take a moment to complete the following:*** |

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| --- | --- | --- | --- | --- |
| **Seat preference:** | **Window** | **Aisle** | **Other** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Special meal requirements:** | **Vegetarian** | **Kosher** | **Other:** |  |

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| **Reward Program Memberships: (*Include membership numbers/name as they appear on card*)** |

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| --- | --- | --- | --- | --- |
|  | **Company:** | **Status:** | **Enrollment Name:** | **Membership Number:** |
| Air |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Hotel** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Car** |  |  |  |  |
|  |  |  |  |

**AAA card? \_\_ Yes \_\_ No AARP card? \_\_ Yes \_\_ No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hotel Accommodation: | **Smoking** | **Non-smoking** | **Other Preference** |  |

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| **Additional information:** |  |