

**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 |

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| --- | --- | --- | --- | --- |
| **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**

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

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| **Additional information:** |  |