



## TRAVELER PROFILE

PLEASE FAX TO: (574-251-3027)

### \*TSA Requirements

\*Full Name: \_\_\_\_\_  
(Name must match the I.D. you plan to present at the airport)

\*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
(Month/Day/Year) \* Redress Number (If Applicable): \_\_\_\_\_

Company Name:		
Company Address:		
City:	State:	Zip:
Company Phone:	Ext#:	Department#:
Fax Number:	Name of Travel Planner:	
Email:	Addl.Email:	
Cell Phone:	Home Phone:	
Home Address:		
City:	State:	Zip:
Passport Number:	Passport Nationality:	
Issue Date:	Expire Date:	

☐ Check here if you would like to receive information regarding leisure travel specials at home.

**CREDIT CARD FOR AIR:** \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_  
Signature \_\_\_\_\_  
Seating Preference \_\_\_\_\_ Aisle \_\_\_\_\_ Window \_\_\_\_\_ Special Meals \_\_\_\_\_

### FREQUENT FLYER (name must match ID)

Airline \_\_\_\_\_ Frequent Flyer Number \_\_\_\_\_ Airline \_\_\_\_\_ Frequent Flyer Number \_\_\_\_\_

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### COMPANY CAR PREFERENCE

Full Size \_\_\_\_\_ Mid-Size \_\_\_\_\_ Compact \_\_\_\_\_ GPS \_\_\_\_\_  
Car Company \_\_\_\_\_ Membership Number \_\_\_\_\_ Car Company \_\_\_\_\_ Membership Number \_\_\_\_\_

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### HOTEL PREFERENCE (in order to guarantee your room for late arrival, we must have a credit card)

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_  
Special room request: Non-smoking \_\_\_\_\_ Smoking \_\_\_\_\_ King \_\_\_\_\_ 2 Double \_\_\_\_\_  
Discounts: AAA \_\_\_\_\_ AARP \_\_\_\_\_ Senior \_\_\_\_\_ Government \_\_\_\_\_

Hotel Chain \_\_\_\_\_ Frequent Stay Membership \_\_\_\_\_ Hotel Chain \_\_\_\_\_ Frequent Stay Membership \_\_\_\_\_

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Emergency contact name:	
Relationship:	Phone contact: