



Traveler Profile Confidential

PLEASE PRINT OR TYPE ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ NEW ☐ MODIFICATION

Company Name		Region:	
Traveler Name (as on drivers license/passport-see reverse)		Employee #	
Title			
Date of Birth to Comply with DHS Secure Flight Requirements			
Gender to Comply with DHS Secure Flight Requirements			
Optional Redress Number (if received from the TSA related to DHS Secure Flight Requirements)			
Frequent Flyer Memberships/Numbers (attach a separate sheet if necessary)			
Airline	Number	Name on Card	Status (Gold, Silver)
Business Phone/Extension	Home Phone (required for after hours assistance)		Fax Number
Cell Phone	Pager Number/PIN Code	Travel Arranger Name & Phone	
Car Rental Club Membership/Numbers (attach a separate sheet if necessary)			
Rental Agency	Number	Name on Card	Status
Car Size/Special Requests			
Hotel Club Membership (attach a separate sheet if necessary)			
Hotel Name	Number	Name on Card	Status
Room Type Preference <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> High Floor <input type="checkbox"/> Low Floor, Other info.			
Credit Card for Hotel Guarantee	Number	Name on Card	Expiration
Physical Delivery Address		City/State/Zip	
Home Address:		City/State/Zip	

E-Mail Address		Other E-Mail Addresses (travel arranger/assistant)	
Emergency Contact (Name)		Emergency Contact (Phone)	
Valid Passport: <input type="checkbox"/> YES <input type="checkbox"/> NO	Number:	Citizenship:	Expiration
Valid Visa/Work Permits: <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Countries</u>	<u>Type</u> <input type="checkbox"/> Business <input type="checkbox"/> Work <input type="checkbox"/> Single <input type="checkbox"/> Multi <input type="checkbox"/> Business <input type="checkbox"/> Work <input type="checkbox"/> Single <input type="checkbox"/> Multi <input type="checkbox"/> Business <input type="checkbox"/> Work <input type="checkbox"/> Single <input type="checkbox"/> Multi	<u>Expiration</u>
Seamans License: <input type="checkbox"/> YES <input type="checkbox"/> NO		License #	Expiration Date
Airline Seating Preferences <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Aisle <input type="checkbox"/> Window <input type="checkbox"/> Forward <input type="checkbox"/> Back <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Other			
Credit Card to Charge Airline Tickets to (if differs from Company Form of Payment)			
Credit Card	Number	Name on Card	Expiration
Business Travel			
Personal Travel			
Special Meals (i.e., low-fat, vegetarian, etc.)			
Please make note of any special travel needs:			

AN IMPORTANT REMINDER REGARDING YOUR "TRAVEL NAME"

1. New FAA security measures require your name on your ticket **MUST MATCH** the name on your ID and or Passport.
2. If you belong to any frequent flyer clubs, most require the name on your ticket to match the name on your frequent flyer account. In some cases, if these names do not match, you will not be credited frequent flyer miles.

AFTER HOURS ASSISTANCE

We are requesting a home phone number in order to advise you of flight cancellations. However, if you choose not to give a home number, it will be noted in your profile.

CONFIDENTIALITY

We do not sell this information to anyone. The information given on this profile form is for the sole use of Carlson Wagonlit Travel to enhance the quality of service we provide.

I HEREBY AUTHORIZE CARLSON WAGONLIT TO UTILIZE THE ABOVE CREDIT CARD INFORMATION AS REQUESTED BY ME OR A PERSON I DESIGNATE, AND TO SIGN SUCH CHARGES "SIGNATURE ON FILE."

SIGNATURE OF TRAVELER	DATE
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Please email form to _____ and mail an original signed form to: