

Traveler Profile Worksheet

This information will be held confidential, and will be used only for contact purposes or to secure personal preferences whenever possible.



PERSONAL INFORMATION, REQUIRED BY TSA (HOMELAND SECURITY):

Full Name: AS IT APPEARS ON YOUR ID USED FOR TRAVEL Date of Birth (mm/dd/yyyy): MUST MATCH ID
Gender: Male Female
Known Traveler #: IF APPLICABLE & ASSIGNED BY THE U.S. GOV'T Redress #: IF APPLICABLE

PERSONAL & BUSINESS INFORMATION

Business Phone _____ Business Fax _____
Company _____ Title _____
Office Address _____ City _____ State _____ Zip _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Department Code _____ Travel Arranger Name & Phone _____
Travel Arranger Email _____ Email Address _____

CREDIT CARD INFORMATION

Card Number: Air _____ Exp. Date _____
Please check with your company's policy
Card Number: Hotel Guarantee _____ Exp. Date _____
A credit card guarantee is required by hotels
Card Number: Personal Travel _____ Exp. Date _____

AIR TRAVEL PREFERENCES (Please note that 85% of travelers prefer a forward aisle seat)

Seating Preference: Aisle Window Front Rear
Meal Requirements: Diabetic Dietetic Kosher Low Fat Vegetarian
Other: _____

FREQUENT FLYER PROGRAM NUMBERS

List Frequent Flyer Numbers in order of preference.
1. _____ 3. _____
2. _____ 4. _____

CAR RENTAL PREFERENCES

Please refer to your company's travel policy to ensure your preferences are within set guidelines.
List Rental Companies in order of preference and please provide any Express Service Account Numbers:
Car Size Preferred _____ Special Preferences _____
1. _____ 2. _____

HOTEL PREFERENCES

Please refer to your company's travel policy to ensure your preferences are within set guidelines.
List Hotels chains in order of preference and please provide any Frequent Guest Membership Numbers:
 Smoking Non-Smoking Queen Bed King Bed AAA Member
1. _____ 3. _____
2. _____ 4. _____

PASSPORT INFORMATION: Mandatory for international travel.

Name on Passport _____ Citizenship _____
Passport Number _____ Passport Exp. Date _____
Emergency Contact and Number: _____

Please put any additional comments on the back. Return via mail, courier, or fax to Morrison Travel at (650) 342-4093