

## **TRAVELER PROFILE FORM •** Print form, file out and fax to 800.501.1194

Travelers Information						
Name:	:					
Business Phone:	Fax:		Home Phone	e:		
Business Address:						
City:			State:	Zip:		
Home Address:				Zip:		
Travel Arranged by:			Phone:			
Payment Information						
Corporate VISA #:	Expiration Date:					
Personal CREDIT CARD #:	Expiration Date:					
Travel Preferences						
Preferred Seat Assignment:	□Aisle		□Window	□No Preference		
If Available	□Bulkhe	ead	□Exit Row	□Forward of Plane		
Special Meal or Dietary Requirements	□Diabet	ic	□Kosher	□Low Calorie		
	□Vegetarian		□None	$\Box$ Other		
Airline Mileage Club Membershi	р					
American:	American:					
Continental:	Delta: Northw					
United:						
Other:  Car Rental Information						
	14 Dans	□Full	□Midsize	DNon Constitute		
Preferred Car Size: □2 Door □ Hertz #1 Gold Number:	□4 Door □Full			Non-Smoking	□Smoking	
Hertz #1 Gold Number:	Gold Number: Budget Fastbreak Number:					
Hotel Information						
Room Preference Type: □Non-Smoking □Sr		noking	□King Size Beds	□Queen Size Beds	□Doubles	
I have frequent guest membership num	bers with:					
Hilton:		Marriott:		Sheraton:		
Holiday Inn:		Wyndham:		Radisson:		
Ramada:	Other			Other:		
Passport Information						
Number:	er: Exp			US Citizen? □Yes □No		
If not a US Citizen, please indicate VISA type:			Number:			
Emergency Contact Name:				Phone:		
By completing, signing and submitting this	profile form	ı, you autho	rize Pilgrim Travel to	o use the credit card listed	above for any	
applicable travel arrangements. Please be s	ure to inclu	de your ema	ail signature or a phy	sical signature if faxing.		
Name:	Phone:		Ext.:			