

# Womens Travel Network

A division of Travelpoint Enterprises Inc.

P: 905-771-8338 or toll free 1-888-419-0118 F: 905-771-1505

## Personal Travel Profile (Confidential)

Please Complete and return by fax at your earliest convenience

Company Name \_\_\_\_\_  
Traveler Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Title \_\_\_\_\_  
Travel Coordinator \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

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### AIRLINE PREFERENCES (list in order of preference)

AIRLINE                      FREQUENT FLYER NUMBER                      NAME (as it appears on card)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

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### SEATING PREFERENCE

### CLASS OF SERVICE

Domestic                      International

Smoking \_\_\_\_\_                      First \_\_\_\_\_  
NonSmoking \_\_\_\_\_                      Business \_\_\_\_\_  
Window \_\_\_\_\_                      Coach \_\_\_\_\_  
Aisle \_\_\_\_\_                      Connecting Cities: Prefer \_\_\_\_\_  
Bulkhead \_\_\_\_\_                      Avoid \_\_\_\_\_

### SPECIAL MEAL REQUEST

Aircraft Preference \_\_\_\_\_  
Other Special Requests \_\_\_\_\_

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### CAR RENTAL PREFERENCES

Company Name                      Corporate Account #                      Personal ID #                      Car Size  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_                      Subcompact \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_                      Compact \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_                      Midsize \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_                      Full size \_\_\_\_\_

**HOTEL PREFERENCES**

**HOTEL FREQUENT GUEST PROGRAMS**

<b>City/HotelRoom Preferences</b>	<b>Hotel Chain</b>	<b>Account #</b>
_____ <b>Smoking</b> _____	_____	_____
_____ <b>Non Smoking</b> _____	_____	_____
_____ <b>King Bed</b> _____	_____	_____
_____ <b>Queen Bed</b> _____	_____	_____
_____ <b>Double Bed</b> _____	_____	_____

**Credit Card Number/Expiry** \_\_\_\_\_  
 (required to guarantee hotel reservations)

**Other Hotel Preferences or Requests** \_\_\_\_\_

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**CREDIT CARDS**

<b>Type of Card</b>	<b>Card Number / Expiry Date</b>	<b>Signature</b>	<b>Use For All Charges</b>	
_____	_____	_____	<b>Yes</b> _____	<b>No</b> _____
_____	_____	_____	<b>Yes</b> _____	<b>No</b> _____
_____	_____	_____	<b>Yes</b> _____	<b>No</b> _____
_____	_____	_____	<b>Yes</b> _____	<b>No</b> _____

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**INSURANCE**

**Out of Country Medical Insurance Required?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

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**CITIZENSHIP**

**Country of Citizenship** \_\_\_\_\_

**Passport Number** \_\_\_\_\_ **Expires** \_\_\_\_\_

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**OTHER COMMENTS AND/OR REQUESTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_