



INDIVIDUAL PROFILE
Wright Travel

Please print this form, complete it, and fax or email it to your assigned agent. Thank you!

Name: <small>(Name must be as it appears on government-issued ID).</small>		Date:	
Date of Birth (Required under Secure Flight Rules):		Sex: ___M ___F	
Company Name/Dept:		Title:	
Business Address:			
City/State/Zip:			
Business Phone:		Business Fax:	
Home Address:			
City/State/Zip:			
Home Phone / Cell Phone:		Home Fax:	
Email Address:			
Travel Coordinator/Administrative Assistant's Name			
Travel Coordinator/Administrative Assistant's Phone:		Email:	
Credit Card to be charged for <u>Business</u> Travel:			
Name on Card _____		Expiration _____	
Card Number _____		Security Code _____	
Credit Card to be charged for <u>Personal</u> Travel:			
Name on Card _____		Expiration _____	
Card Number _____		Security Code _____	

AIRLINE INFORMATION

Domestic Travel:	First	Coach	Lowest Fare
International Travel:	First	Business	Lowest Fare
Seat Preferences:	Window		Aisle
	Non-Smoking	Smoking (some international only)	
Will you fly commuter airlines?	Yes	No	Only if necessary
Special Meals:	Low Fat	No Salt	Kosher Seafood

	Fruit	Vegetarian	Other:
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PASSPORT INFORMATION

Passport #	Expiration Date:
Name as it appears on Passport:	
Place of Issue/Date of Birth:	Nationality:

FREQUENT FLYER INFORMATION

Please add your name as it appears on your card. It must be an exact match for the airlines to recognize it.

Airline	Frequent Flyer #	Name on Card	Status
American			
Continental			
Delta			
Southwest			
United			
US Airways			
AirTran			
Other			
Other			

HOTEL INFORMATION

Preferences:	Smoking	Non-Smoking
	Double	King Other:

Please provide any personal frequent guest numbers you may have in the space below.

Hotel Program	ID#	Hotel Program	ID#
Best Western		Priority Club	
Choice		Starwood	
Hilton		Wyndham	
Hyatt		Other	
Marriott		Other	

