CLIENT PROFILE					
NAME:					
NAME AS IT APPEARS ON YOUR PASSPORT (LAST, FI	RST, MIDDLE):				
DATE OF BIRTH:	CITIZENSHIP:				
HOME ADDRESS:					
CITY:	STATE:		ZIP CODE:		
HOME PHONE:	HOME FAX:		CELL PHONE:		
EMAIL ADDRESS:					
DO YOU HAVE ANY MEDICAL ISSUES OR FOOD ALLERGIES?					
PASSPORT INFORMATION					
PASSPORT #:					
PASSPORT COUNTRY OF ISSUE:					
PASSPORT ISSUE DATE:					
PASSPORT EXPIRATION DATE:					
GLOBAL ENTRY #: EXPIRATION DATE:					

PARTNER PARTNER					
NAME:					
NAME AS IT APPEARS ON YOUR PASSPORT (LAS	NAME AS IT APPEARS ON YOUR PASSPORT (LAST, FIRST, MIDDLE):				
DATE OF BIRTH:	CITIZENSHIP:				
HOME ADDRESS:					
CITY:	STATE:		ZIP CODE:		
HOME PHONE:	HOME FAX:		CELL PHONE:		
EMAIL ADDRESS:					
DO YOU HAVE ANY MEDICAL ISSUES OR FOOD ALLERGIES?					
PASSPORT INFORMATION					
PASSPORT #:					
PASSPORT COUNTRY OF ISSUE:					
PASSPORT ISSUE DATE:					
PASSPORT EXPIRATION DATE:					
GLOBAL ENTRY #: EXPIRATION DATE:					

ADDITIONAL TRAVELERS				
NAME:				
NAME AS IT APPEARS ON YOUR PASSPORT (LAS	T, FIRST, MIDDLE):			
DATE OF BIRTH:	CITIZENSHIP:			
PASSPORT #:	PASSPORT ISSUE DATE:			
PASSPORT COUNTRY OF ISSUE:		PASSPORT EXPIRATION DATE:		
NAME:				
NAME AS IT APPEARS ON YOUR PASSPORT (LAS	T, FIRST, MIDDLE):			
DATE OF BIRTH:	CITIZENSHIP:			
PASSPORT #:		PASSPORT ISSUE DATE:		
PASSPORT COUNTRY OF ISSUE:		PASSPORT EXPIRATION DATE:		
NAME:				
NAME AS IT APPEARS ON YOUR PASSPORT (LAS	T, FIRST, MIDDLE):			
DATE OF BIRTH:	CITIZENSHIP:	CITIZENSHIP:		
PASSPORT #:	PASSPORT #: PASSPORT ISSUE DATE:			
PASSPORT COUNTRY OF ISSUE:		PASSPORT EXPIRATION DATE:		
NAME:				
NAME AS IT APPEARS ON YOUR PASSPORT (LAS	T, FIRST, MIDDLE):			
DATE OF BIRTH:	CITIZENSHIP:			
PASSPORT #:		PASSPORT ISSUE DATE:		
PASSPORT COUNTRY OF ISSUE:		PASSPORT EXPIRATION DATE:		
NAME:				
NAME AS IT APPEARS ON YOUR PASSPORT (LAST, FIRST, MIDDLE):				
DATE OF BIRTH: CITIZENSHIP:				
PASSPORT #: PA		PASSPORT ISSUE DATE:		
PASSPORT COUNTRY OF ISSUE:		PASSPORT EXPIRATION DATE:		

TRAVEL PREFERENCES						
Are there any destinations that are of special interest for future trips?						
Which most accurately describes your travel						
	ring toured by land and/or sea to most, if not all and/or sea to only first class, first-world destinat					
	/or sea to exotic, off-the beaten path destination	-				
How do you prefer to receive your itinerary?						
<ul><li>Via Email (pdf)</li><li>Paper hard copies</li></ul>						
□ Smartphone App						
	TRAVEL					
	ACTIVITIES					
☐ Adventure	☐ Family Vacation	□ Safari/Wildlife				
□ Archeology	☐ Fishing	☐ Sailing/Boating				
□ Art/Theater	□ Food/Wine	☐ Shopping				
□ Beach	□ Golf	☐ Short Notice Travel				
□ Cruise - Classic	□ Hiking	☐ Ski/Snow Sports				
☐ Cruise - Expedition	□ History	□ Social Events				
□ Cruise - River	☐ Independent Travel	□ Spas				
□ Cruise – Small Ship	□ Indigenous Culture	□ Spectator Sports				
□ Cycling	□ Kayak/Canoe/Raft	□ Tennis				
□ Diving/Snorkeling	□ Multi - Sports	□ Theater/Opera				
□ Eco Travel	□ Museums/Galleries	□ Water Sports				
☐ Escorted Tours	□ Music	□ Wellness/Yoga				
□ Extreme Sports	□ Photography	□ Wildlife/Nature				

AIRLINE PREFERENCES			
AIRL	INES		
PREFERRED CHOICES:			
AVOID:			
PREFEI	RENCES		
SPECIAL MEAL REQUESTS:			
AISLE OR WINDOW?			
CLASS OF SERVICE (Please indicate your preferred class of service)			
□ FIRST CLASS □ BUSINESS CLASS □ BUSINESSFIRST □ ECONOMY			
EXIT ROW OKAY?	BULKHEAD OKAY?		
DO YOU PREFER ANGLE SEATS OR LIE FLAT IN FIRST CLASS?			
FARE TYPE:			
□ Lowest fare even if non-refundable, instant purchase			
☐ Must be refundable, no restrictions			
MEMBERSHIPS			

The following will assist us in maintaining records of your travel-related memberships.

AIRLINE	ACCOUNT #	PIN	NAME (EXACTLY AS ENROLLED)	GOLD, ELITE, ETC.

HOTEL PREFERENCES						
We would like to ensure that your requirements for personal comfort and services are met.						
HOTEL CHAIN	CORP. DISCOUNT #	PERSONAL ID #	PIN#	STATUS LEVEL		
PLEASE CHECK ALL THAT N	     	CES:				
□ Non-Smoking Room						
☐ Guarantee for Late Arriv	val					
□ King Bed Required						
□ Two Beds Required						
SPECIAL HOTEL REQUIREM	TENTS:					
HOUSEKEEPING PREFEREN	ICES - (PILLOWS, BEVERAGES	6, ETC):				
REQUIRED ELECTRONIC EC	QUIPMENT IN YOUR ROOM?					
NEWSPAPERS (INDICATE P	NEWSPAPERS (INDICATE PREFERENCE):					
DO YOU REQUIRE THE HOTEL HAS A SPA OR FITNESS CENTER?						
DO YOU PREFER TO BE PRECHECKED IN TO YOUR ROOM?						
DO YOU PREFER A CERTAIN ROOM CATEGORY OR SUITE?						
DO YOU HAVE A PREFERRED FLOOR OR VIEW?						
WHEN TRAVELING WITH FAMILY, ARE CONNECTING/ADJOINING OPTIONS PREFERRED?						
DOES THE SHOWER NEED TO BE SEPARATE FROM THE BATHTUB?						
DO YOU PREFER BEING GREETED BY THE GM OR SOMEONE FROM EXECUTIVE TEAM?						
PREFERENCE FOR IN ROOM	PREFERENCE FOR IN ROOM DINING OR RESTAURANT?					

CAR PREFERENCES				
CAR RENTAL MEMBERSHIPS				
CAR TYPE:		CAR TYPE:		
□ Sub-Compact		□ Two Door		
□ Compact		□ Four Door		
□ Intermediate				
□ Full-Size				
□ Premium				
□ Luxury				
□ SUV				
CAR COMPANY	CORPORATE DISCOUNT #	EXPRESS SERVICE ID #	PIN#	
PRIVATE TRANSFERS				
CAR TYPE:				
COMPANY	CORPORATE DISCOUNT #	EXPRESS SERVICE ID #	PIN#	