

Traveler Profile

RESEARCH TRAVEL, INC.
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NAME:(as it appears on government issued I.D.) _____
COMPANY: _____
COUNTRY OF CITIZENSHIP: _____ PASSPORT #: _____ ISSUE DATE: _____
EXPIRY DATE: _____ DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
BUSINESS PHONE: _____ EXT: _____ FAX: _____
HOME PHONE: _____ CELL PHONE: _____
STREET ADDRESS: _____ WORK __ HOME __
CITY: _____ ST: _____ ZIP: _____
PERSONAL OR BUSINESS EMAIL: _____
PREFERRED AIRPORT(s): _____
CLASS OF SERVICE: FIRST _____ BUSINESS _____ NON RESTRICTED ECONOMY _____
RESTRICTED _____ ECONOMY _____
SPECIAL CONSIDERATIONS:
SEATING: WINDOW: _____ AISLE _____ SPECIAL MEAL: _____
ACCESSIBILITY REQUIREMENTS: _____ OTHER: _____

AIRLINE CLUB MEMBERSHIPS/FREQUENT FLYER NUMBERS

AA# _____ CO# _____
DL# _____ NW# _____
UA# _____ US# _____
OTHER _____ OTHER _____

CAR RENTAL MEMBERSHIPS

ALAMO# _____ AVIS# _____
BUDGET# _____ DOLLAR# _____
HERTZ# _____ NATIONAL# _____
ENTERPRISE# _____ OTHER# _____
TYPE OF CAR: _____ SPECIAL REQUESTS: _____

HOTEL CHAIN MEMBERSHIPS

HILTON # _____ HOLIDAY INN _____
HYATT # _____ BEST WESTERN # _____
MARRIOTT # _____ STARWOOD # _____
OTHER # _____ SMOKING/NON-SMOKING _____
BED TYPE: KING _____ QUEEN _____ 1 DOUBLE _____ 2 DOUBLES _____

CREDIT CARDS

NUMBER _____ EXP _____
NUMBER _____ EXP _____

In lieu of a signature, the receipt of this form by Research Travel, Inc., I Authorize Research Travel, Inc. to issue tickets requested by me and to charge them to the above credit card(s). This form is hereby considered a Signature on File for Research Travel, Inc. Research Travel, Inc. will not sell any information contained on this form but may use the information for marketing purposes and for Email specials with our affiliate DCFlights.com.

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