

Individual Travel Profile



Title: Mr Mrs Ms Miss Dr Prf Mstr Other.....

Family Name: _____ **Initials:** _____

First Name: _____ **I prefer to be addressed as:** _____

Seating Preferences:

Smoke: Smoking Non Smoking
 Seat: Window Aisle Centre
 Side: Left side Right side None
 Place: Upperdeck Bulkhead Front Exit Rear

Special meal request:

Sex: Male Female Adult Child Infant

Date Of Birth: / /

Company:

Office/Branch:

Division/Department/Cost Centre:

Personal Assistant/Travel Coordinator:

Home Airport:

Locations:

	Building	Street Number, Street Name	Suburb	Postcode
Home				
Work				
Postal				
Ticket Delivery				

Contacts:

	Home	Work	Other
Telephone			
Facsimile			
Mobile			
E-mail			
Pager			
Toll Free			
Emergency			
Next of kin			

Passports and Visas:

Passport Nation	Passport Number	Name on passport	Place of issue	Issued date	Expiry
Visa Nation	Place of issue	Issued date	Expiry date	Visa number	Type of visa

Employee type: Employee Manager Director Other.....

Employee number/ID:

Job Title:

Special Requests (disabilities or special assistance requirements)

Drivers License:

Personal Travel Policy: (Please complete if Company Travel Policy is not applicable)

Domestic:

International:

Air:	Use Club Airline	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Book cheapest	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Class of travel	<input type="checkbox"/> first <input type="checkbox"/> bus. <input type="checkbox"/> econ <input type="checkbox"/> value	<input type="checkbox"/> first <input type="checkbox"/> bus. <input type="checkbox"/> econ <input type="checkbox"/> value
	Long Haul	<input type="checkbox"/> first <input type="checkbox"/> bus.	<input type="checkbox"/> first <input type="checkbox"/> bus.
		Flight time _____	Flight time _____
Hotel:	Use Club Chain	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Book cheapest	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Max. nightly tariff	AUD _____	AUD _____
Car Hire:	Use Club Chain	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Book Cheapest	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Max. daily rate	AUD _____	AUD _____

Preferences: Airlines:

Hotel Chain:

Car Hire:

Hotel room type:

Preferred car type:

Travel Insurance:

Are you covered by your company's travel insurance policy? Yes No

Memberships:

Airline/Hotel Car/Other	Membership No.	Name as per membership	Expiry	Status/Points

Credit Cards:

	Card type	Card holders name	Card number	Expiry
Business				
Personal				
Other				