



Please fill out the profile below (as thoroughly as possible) to begin taking immediate advantage of all the benefits offered by MacNair Travel Management.

Use Consistent Identification:

Include your full name, including any middle name. TSA (Transportation Security Administration) requires that traveler's names match **exactly** to the full name indicated on any government issued ID, passport or driver's license you will be using at the airport. **Please Fax Form To: 703-836-6303**

Last Name:		First:	M. I.
Title:	Gender:	Date of Birth (DD/MM/YY):	
Company Name:			
Company Address:			
City:			
State:		Zip Code:	
Company Phone:			Ext.:
Company Email:			
Company Fax:			
Wireless Phone:			
Sec./Admin. Asst:	Name:	Phone:	
Special Delivery Instructions:			
Home Address:			
City:		State:	Zip:
Home Phone:			
Home Email:			
Home Fax:			
Emergency Contact:			
Contact Phone:			
Air Travel Preferences			
Seating Preferences:	Aisle: _____ Window: _____	Non-Smoking: __	Smoking: (available only on select international flights) _____
Special Seating Requests			
Special Meals:	Diabetic: __ Kosher: __	Low Sodium: __ Low Fat: __	Vegetarian: __ Other: _____
Preferred Departure Airport:			
Preferred Airline:			

Airline Frequent Flyer Programs If you have status with a particular airline, please let us know!

American	#	Status (Gold, Platinum, etc.)?
America West	#	Status?
Continental	#	Status?
Delta	#	Status?
Northwest	#	Status?
US Airways	#	Status?
United	#	Status?
Other	#	Status?
Other	#	Status?
Other	#	Status?

Hotel Preferences

Chain Name:		Frequent Guest Number:	
Marriott			
Hilton			
Hyatt			
Starwood			
Six Continents			
Choice			
Radisson			
Other:			
Other:			
Other:			
Other:			
Room Preferences:	Double: ____	King: _ __	Non-Smoking: _____ Smoking: _____
Special Requests			

Car Rental Preferences

Car Company:		ID Number (not your company's discount number)	
Alamo:			
Avis:			
Budget:			
Hertz:			
National:			
Other:			
Style/Size Preferences:	Economy: ____	Compact: ____	Intermediate: ____
	Full Size: ____	Luxury: ____	Other: ____
Special Requests			

SPOUSE / TRAVELING COMPANION INFORMATION: { optional }			
First Name:		Last Name:	
Airline Name		Airline Mileage Club Membership #	
CHILDREN			
First Name: Child 1.		Last Name:	Date of Birth: <i>mm/dd/yy</i>
Airline Name		Airline Mileage Club Membership #	
First Name: Child 2.		Last Name:	Date of Birth: <i>mm/dd/yy</i>
Airline Name		Airline Mileage Club Membership #	
First Name: Child 3.		Last Name:	Date of Birth: <i>mm/dd/yy</i>
Airline Name		Airline Mileage Club Membership #	
International Travel			
Passport #:		Name on Passport:	
Country of Issue:	Date of Issue:		Date of Birth:
Countries Frequently Traveled:	1.	2.	3.
Notes Relating to Your Key Destinations:			