

In order that we may assist you faster with your travel plans, please "CLICK" on the link below and save it to your computer desk top. You can then open the file and fill it out. Once you have filled out the form, simply do a "Save As" and save on whatever area of your computer that you wish. After that simply send an email to sdurante@perkinstravel.com and attached your saved profile. If you prefer, you can fax to (860) 827-4546

Corporate Info:

Name (As It Appears On Driver's License):

Company:

Title and Cost Center:

Employee Number:

Manager's Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Business Cell:

Home Cell:

Email Address:

Assistant / Travel Coordinator:

Assistant Email Address:

Personal Info:

Home Address:

City:

State:

Zip:

Date of Birth:

Home Phone:

Emergency Contact:

Gender:

Male

Redress Number (optional):

Known Traveler Number:

Global Entry Number:

Airline Preference:

Airline	Frequent Flyer Number	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Seating Preference:

Comments?

Are there any carriers you feel strongly about avoiding?

Comments?

Are you comfortable with commuter, turbo-prop equipment?

Would you like us to order special meals for you?

Comments?

Hotel Preferences

Hotel

Club Membership Number

Request non-smoking rooms?

Room Type?

Other Rqst?

Car Preferences		
Car Vendor	Membership Number	
<input type="text"/>	<input type="text"/>	Request non-smoking car? <input type="text"/>
<input type="text"/>	<input type="text"/>	Car Size? <input type="text"/>
<input type="text"/>	<input type="text"/>	Other Rqst? <input type="text"/>

Discounts		
Please advise if you qualify for any discounts (i.e. Senior Citizen, AARP,AAA,Student, Military):		
<input type="text"/>		

International Travel		
Passport Number: <input type="text"/>		
Expiration: <input type="text"/>		
Place of Issue:		

Name as it appears on passport:

Citizen of:

Valid Visa(s):

Form of Payment

Airline Tickets:

Card #:

Exp. Date:

CID #:

Hotel Guarantee:

Card #:

Exp. Date:

CID #: