# **Travel Profile Form**

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| --- | --- | --- |
| Personal Information | **NAME AS IT APPEARS ON PASSPORT** | Surname:  First name:  Middle: |
| **Date of Birth (XX/XX/XXXX) and Gender** | M  F |
| Business phone |  |
| Mobile phone |  |
| FAX Number |  |
| E-mail Address |  |
| Complete Business Address |  |
|  |  |
| Passport **(Please provide a scanned or fax copy)** | Country of birth |  |
| **NAME AS IT APPEARS ON PASSPORT** |  |
| Country of citizenship |  |
| Passport Number/Passport Issued |  |
| Expiration date |  |
|  |  |  |
| Preferred Dates of Travel | Date of travel |  |
|  |  |
| Return date of travel |  |
|  |  |
| Traveler Frequent Flyer Number & Airline |  |
|  |  |  |
| Preferred Airport for departure and country routed through | Airport to depart from |  |
| Country preferred to be routed through |  |
|  |  |
|  |  |
|  |  |

**PLEASE** FAX (412-641-6170) or e-mail your completed travel profile to Cheryl Richards ([crichards@mwri.magee.edu](mailto:crichards@mwri.magee.edu).)