

AAA Nebraska
 Business Travel Center
 910 N. 96 Street
 Omaha, NE 68114
 Fax to: (402) 390-9110



INDIVIDUAL TRAVELER PROFILE

The following has been designed to assist us in serving your traveling employees. Please complete all applicable information to help us better serve you and your company and fax to (402) 390-9110.

Employee Name (First, Middle & Last Required) _____
 Title _____ Company _____
 Address _____ City _____ State _____ Zip _____
 Office Phone _____ Office Fax _____
 Identification Number (if applicable) _____
 Name of Travel Arranger _____
 Delivery address (if different than above) _____
 Date of Birth(Required) ____/____/____
 Gender Male _____ Female _____
 Email Address _____
 Home Address _____ City _____ State _____
 Zip _____
 Home Phone _____
 Are you eligible for discounts (i.e. senior citizen, government, military, etc.) _____
 Are you a AAA Member? ____ yes ____ no If yes, number _____

AIRLINE TRAVEL PREFERENCES

Seating Request: ____ Window ____ Aisle ____ Non-smoking ____ Smoking
 Necessary Diet Restrictions: ____ None ____ Other _____

AIRLINE MILEAGE MEMBERSHIPS (Please indicate applicable frequent flyer number)

Northwest	Southwest
American	Continental
Delta	Other
United	Other

Have you earned preferred status? ____ yes ____ no If so, which airlines? _____
 What year did you qualify for the preferred status? _____

CAR RENTAL INFORMATION (Personal I.D. Numbers)

Hertz #	Avis #
Budget #	Other #
Other #	#

Car Preference: ____ Compact ____ Mid-Size ____ Full-Size ____ Other

HOTEL INFORMATION (Personal I.D. Numbers)

Holiday Inn #	Marriott #
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	Other
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Room Preference: _____ Smoking _____ Non-smoking

Room Type: _____ Most Economical _____ King _____ Queen _____ 2 Doubles

**AAA BUSINESS TRAVEL
PROFILE**

INDIVIDUAL TRAVELER

CREDIT CARD INFORMATION

HOTEL AND/OR CAR GUARANTEES

CARD TYPE	CARD NUMBER	EXP DATE	NAME ON CARD

AIRLINE TICKETS ONLY

CARD TYPE	CARD NUMBER	EXP DATE	NAME ON CARD

I hereby authorize AAA Business Travel to charge airline tickets, as requested, to the credit card indicated above.

_____ *Signature* _____ *Date*

FOREIGN TRAVEL INFORMATION (If applicable)

Citizenship _____ Passport # _____ Exp. Date _____

Place of Birth _____ Birthdate _____

Passport Date of Issue _____ Place of Issue _____

Name Appearing on Passport _____

SPECIAL INSTRUCTIONS OR INFORMATION

FOR BUSINESS TRAVEL DEPARTMENT USE ONLY

Profile Title _____

Date Entered _____

Entered By _____