



Traveler Profile Form

ARMY CORPS OF ENGINEERS

Email Address Traveler:

Also send copy to:

Vickie.K.McArthur@usace.army.mil

Today's Date _____

Division:

National Capital Region

This is a new customer profile

This is a change to an existing profile

Personal Information

Date of birth _____

Military/Civilian Rank/Grade _____

Last Name _____

First Name _____

Duty Phone: _____

Duty Fax: _____

Home Phone: _____

Unit Admin Phone _____

Airline Information

Airline Seating Preference

Window

Aisle

Special Meals _____

Frequent Flyer Membership _____

Airline _____

Membership No. _____

Car Rental ID Card Information

Car Company 1 _____

Car Company 2 _____

Preferred Size _____

Preferred Size _____

ID Number _____

ID Number _____

Hotel Information

Room Type

Smoking

Non-smoking

King

Standard

Double

Special Room Needs _____

Charge Card Data

Credit Card Number _____

Expiration Date

Month _____

Year _____

Name as Shown on Card _____

Failure to provide billing address will inhibit CWTSatoTravel from being able to issue your ticket.

Credit Card Billing Address - Mandatory for Tickets purchased with Government Travel Card

Billing Address _____

City, State, ZIP _____

International Travel Information

US Citizen

Yes

No Country of Citizenship _____

Passport Number _____

Date Issued _____

Expiration Date _____

Are you currently receiving emails advising you of our Vacation Specials?

Yes or No

If not, would you like to be added to our distribution list?

Yes or No

Information provided on this form will be protected by the Privacy Act of 1974