

CLIENT INFORMATION

## **Necessary Client Information Form**

CLIENT INFORMATION
Name (As It Reads On Passport)
First name:
Middle name:
Last name:
Cell Phone Number:
E-mail:
Mailing address:
DOB:
Passport #:
Passport Issue Date:
Passport Expiration Date:
FLIGHT INFORMATION:
Airline Preference & Mileage #:
Global Entry or TSA PreCheck #:
Please select preferred flight class:
Please select preferred flight seating:
HOTEL INFORMATION:
Number of beds/sizes:
Training of Seasy Stees

Additional Notes (i.e. car rental/hotel membership numbers, beds/bedding, dietary requests, wheelchair assistance, etc):

Please complete a separate form for each additional traveler

Office hours: Monday-Friday, 830a-5p