

CLIENT INFORMATION

Necessary Client Information Form

Name (As It Reads On Passport) *PLEASE INCLUDE COPY OR PHOTO OF YOUR PASSPORT WHEN RETURNING THIS FORM*
First name:
Middle name:
Last name:
Cell Phone Number:
E-mail:
Mailing address:
DOB/Gender:
Passport #/Country of Issue:
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:
Room Category:

Please complete a separate form for each additional traveler

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

Phone: 503.224.0180
Office hours: Monday-Friday, 9a-5p