Carlson Wagonlit Travel℠

Department of Education
Personal Profile Preference
Please FAX to 1-877-530-5527

OFFICIAL TRAVEL:

Name: _____Dept:_____

Business Address: _____

Business Phone: _____ Home Phone: _____

Business Fax: _____

Email Address: _____

Executive Officer Name _____

Travel Agency Authorization for Official Credit Card Usage

I, _____, hereby authorize Carlson Wagonlit Travel to charge any transaction or guarantee any hotel reservation requested by me via telephone or letter to my official credit card, vendor name

_BA/_VISA/ number _4486 _____ _____, exp. _____

Signature of cardholder: _____

AIRLINE PREFERENCE:

Seating : Aisle: _____ Window: _____ Other: _____

Government Frequent Flyer Numbers:

_____ _____

_____ _____

_____ Special Meals: _____

_____ Other: _____

CAR/HOTEL: Nonsmoking _____ Smoking _____

PRIVACY STATEMENT: Information on this form complies with the Privacy Act of 1974

Please FAX completed form to 1-877-530-5527