



19th WORLD CONGRESS ON DISASTER AND EMERGENCY MEDICINE

April 21-24, 2015
Cape Town, South Africa

Traveller Profile Form

PERSONAL DETAILS					
Company Name				Position/Title	
Family Name (as per passport)				First Name (as per passport)	
Middle Name (as per passport)				Date of Birth	
Address					
City		Province / State		Postcode	
Country			Email address		
Phone		Fax		Assistant's Email address	

PASSPORT DETAILS			
Passport Number			Nationality
Passport Issue Date			Passport Expiry Date
Country of Issue			Gender

TRIP DETAILS					
Departure City		Departure Date		Departure Time	
Destination City	Vancouver, Canada	Return Date		Return Time	

ADDITIONAL INFORMATION			
Preferred Airline			
Seating Preference	<input type="checkbox"/> Window	<input type="checkbox"/> Aisle	Special Meal Request
Additional Requests			

CAR & TRAVEL INSURANCE	
Car Rental	<input type="checkbox"/> Compact <input type="checkbox"/> Medium <input type="checkbox"/> Full Size <input type="checkbox"/> GPS <input type="checkbox"/> Other
Corporate Discount	Rental Company _____ CD # _____
Travel Insurance	<input type="checkbox"/> I require travel insurance for each trip <input type="checkbox"/> I prefer to purchase an annual policy <input type="checkbox"/> I already have Travel Insurance <input type="checkbox"/> Please call me to go over insurance options

LOYALTY PROGRAMS – AIRLINE/CAR			
Name on Card	Type (Eg. Air Canada, Avis)	Number	Tier (Eg. Elite, Prestige)

CREDIT CARD DETAILS				
Name on Card	Card Type	Number	Expiry	Use to book car rental or travel insurance?
				<input type="checkbox"/> Car Rental <input type="checkbox"/> Travel Insurance

Please submit completed form by email to Ryan.Phillips@flightcentre.ca