

MEBA PLANS' TRAVEL PROFILE

The completion of this profile form will make it possible for your reservation to be processed efficiently.
The information will be kept completely confidential.
Please type or print as clearly as possible.

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number
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Street Address	City	State	Zip
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Home Phone	Cell Phone	Other Phone
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**An e-mail address is required. If you do not have an e-mail address, please indicate so.
The Plan's Travel Coordinator will contact you.**

Primary e-mail address	Secondary e-mail address
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EMERGENCY INFORMATION

Emergency Contact Name	Telephone Number		
Street Address	City	State	Zip

AIRLINE PREFERENCES

Home Airport:						
Seat Selection:	<input type="checkbox"/> Aisle	<input type="checkbox"/> Exit Row	<input type="checkbox"/> Window	<input type="checkbox"/> Bulkhead		
Special In-Flight Meal Preferences:	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Kosher	<input type="checkbox"/> Low Salt	<input type="checkbox"/> Fruit	<input type="checkbox"/> Other
Carrier Preference: Primary		Secondary				
Airline Mileage Programs						
Airline	Membership #	Airline	Membership #			
Airline	Membership #	Airline	Membership #			

PAYMENT METHOD

At the time reservations are made, you will be required to provide the Plans' Travel Coordinator with valid credit card information.
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DEPENDENT PROFILES

Dependent Profiles are not needed. At the time reservations are made, the Plans' Travel Coordinator will secure the necessary information regarding your dependents to make travel arrangements.
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I understand that the information provided herein will be used to build my travel profile and does not change my permanent data on file with the Plan Office. To change my permanent data, I must advise the Plan Office in writing on the appropriate form.

Signature:	Date:
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**PLEASE COMPLETE AND RETURN IN THE ENCLOSED
PRE-ADDRESSED ENVELOPE**