



Global Ventures Travel Profile

Please indicate which Global Ventures Trip you are interested in participating in:

NAME & ADDRESS

Name (as it appears on passport) _____
Date of Birth _____ Age _____
Address _____
City/State/Zip _____ Home _____
Work _____ Cell _____
Email Address _____

PASSPORT INFORMATION

Passport No. _____ Expiration _____
Country of Issue _____ Photocopy Attached. (please check) _____
If you do not have a passport, check one of the following:
_____ Passport application in progress _____ Passport not yet applied for

*Please note that your passport must not expire less six months beyond the date of which you will be returning to the U.S.

FLIGHT REQUIREMENTS/REQUESTS

Departure City/Airport _____ Departure Date _____
Return City/Airport _____ Return Date _____
Seating Preference _____ Aisle _____ Window _____ Center _____ First Class Upgrade _____
Special Meal Request _____
Other Special Flight Requests _____
Frequent Flyer No. _____ Airline _____
Frequent Flyer No. _____ Airline _____

HOTEL ROOM REQUIREMENTS/REQUESTS

All rooms are double occupancy. A single room can be requested for an additional fee and depending on availability.

Room Request: _____ Single _____ Double _____ Non-Smoking _____ Smoking _____
Name of Roommate Preference _____

EMERGENCY INFORMATION

Emergency contact must be someone **NOT** traveling with you.

Name _____ Relationship _____

Address _____ City/State _____

Daytime Phone _____ Evening Phone _____

Your Blood Type _____

Medical Insurance Plan _____ Member Number _____

Medical conditions we should know about: _____

Current Medications _____

Allergies (food, medications) _____

Dietary Restrictions _____

ADDITIONAL SPECIAL NEEDS OR REQUESTS

Please list:

*This information is considered confidential and will be kept on file at Smile Network International headquarters for a period of 3 years. You may be asked to update this information during this time.