



CE Travel

SERVICES

Passport or

Similar ID

Photo Here

Travel Information Form

Please complete the following form completely, then return to
CE Travel Services at e-mail cetravel@cs.com or FAX (310)310-3926

NAME (as it appears on your passport OR government issued photo I.D. -- Name on airline ticket MUST match passport or I.D. name)

PARTICIPANT: Last _____ First _____ Name or nickname for name badge _____

PARTICIPANT PASSPORT NUMBER: _____ Exp. date: _____ Country issued: _____

DATE OF BIRTH: _____ ☐ I AM BRINGING A GUEST ☐ NO GUEST

GUEST NAME: Last _____ First _____ Name or nickname for name badge _____

GUEST PASSPORT NUMBER: _____ Exp. date: _____ Country issued: _____

DATE OF BIRTH: _____ RELATIONSHIP TO PARTICIPANT: _____

PARTICIPANT ADDRESS (Airline tickets and travel information will be sent to your business address):

TITLE/POSITION: _____

COMPANY ADDRESS: Street Address _____ Suite/Floor/Mail Stop _____ City _____ State _____ Zip _____ Country _____

PHONE: _____ FAX: _____ E-mail: _____

HOME ADDRESS: Street Address _____ Apt. _____ City _____ State _____ Zip _____ Country _____

HOME PHONE (include area code): _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ CONTACT PHONE: day _____ evening _____

RELATIONSHIP: _____

HOTEL INFORMATION:

(You will be accommodated at _____)

SPECIAL HOTEL NEEDS: ☐ One Bed ☐ Two Beds ☐ Smoking ☐ Non-Smoking



Other (please specify): _____

AIRLINE INFORMATION: (In the event that you or your guest is departing from a city other than _____, please fill out the information below and notify your company (if applicable) and CE Travel at your earliest convenience.)

☐ CLIENT DEPARTING FROM DIFFERENT CITY _____ Departure City _____ Airport Name _____

☐ GUEST DEPARTING FROM DIFFERENT CITY _____ Departure City _____ Airport Name _____

Participant Seating Preference ☐ Window ☐ Aisle ☐ Special Seating Needs (specify): _____

☐ Special Meal Needs (specify): _____

☐ List Frequent Flyer Numbers: Client: _____ Guest: _____

Please note that transfers to and from the hotel and airport will be arranged for you based on flight times for the scheduled arrival and departure dates ONLY!

OTHER INFORMATION: Participant shirt size: S M L XL

Guest shirt size: S M L XL

Are you interested in playing golf? Participant: ☐ Yes ☐ No Guest: ☐ Yes ☐ No

If yes, do you plan to bring your own golf clubs? ☐ Yes ☐ No Guest: ☐ Yes ☐ No

If known, what is your golf handicap? Participant: _____ Guest: _____