



Fax: 801-930-4545 (travel only)

Travel Profile

PERSONAL DATA				
Name		Street address		
Specialty				
Daytime phone		City		
Evening phone		State	Zip	
Fax number		E-mail address		
AAA#				

AIRLINE PREFERENCES	
Seating preference	<input type="checkbox"/> Aisle <input type="checkbox"/> Window
Special requirements	

FREQUENT FLYER NUMBERS			
American		USAir	
America West		Southwest	
Continental		United	
Delta		Other	
Northwest		Other	

CAR RENTAL INFORMATION					
<input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking					
Driver's License No.		State of issue		Expiration date	

EMERGENCY CONTACT				
Name		Street address		
Relationship		City		
Phone		State	Zip	

Limited Power of Attorney for Travel Agency Authorization of Credit Card Usage for Personal Travel

The undersigned hereby authorizes CompHealth to charge the purchase of personal airline tickets ordered by the undersigned, its agents and its designated employees, on any and all card numbers presented, either in writing or verbally, from this date forward. Such purchases may be made without inserting the signature of the undersigned on the credit card charge form or other similar documents accepted by the issuer of said credit card.

Traveler's Signature _____

Date _____