

WORLD TRAVEL SERVICE * National Institutes of Health

FastRes Fax Form

Telephone: 301-816-2160 - Fax: 301-816-0715 - E-mail: WTS@mail.nih.gov

Fax this form to WTS. We will fax a suggested itinerary to you within three business days.

If you have a Frequent Traveler Profile on file with WTS, check here and complete only the **Shaded Areas**

TRAVELER INFORMATION

Traveler Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.:	ICD/Division:	
Title:		E-mail:	
Business Address:		Telephone:	
City/State/Zip Code:		Fax:	
Home Address:		Telephone:	
City/State/Zip Code:		Fax:	

Secretary/Assistant:		Asst.'s Phone:		E-mail:	
Passport Number:		Country:		Expires:	
Driver's Lic. No.:		State/Country:		Expires:	

Usual Billing-Charge to: Gov't American Express Gov't Account Personal Credit Card *(May be changed for each trip.)*

Gov't Individual Card Co.:		Number:		Expires:	
Personal Credit Card Co.: A.		Number:		Expires:	
Personal Credit Card Co.: B.		Number:		Expires:	

TRAVEL PREFERENCES

Seating: Window Aisle Smoking If Available Nonsmoking *(If no preference, WTS will assume Aisle, Non-smoking)*

Class of Service: First Business Coach *(Business & First Class require prior approval.)*

Meals: (If Available) LowFat LowCal Kosher Vegetarian Fish Other _____

I will will not accept an Electronic Ticket (E-ticket). *(No ticket to worry about: simply pick up your Boarding Pass at the Airport Departure Gate.)*

TRIP INFORMATION

<u>From</u> (Airport, if more than one.)	<u>To</u>	<u>Date/Time</u>	<u>Comments</u>
1.	<input type="checkbox"/> Hotel <input type="checkbox"/> Car		
2.	<input type="checkbox"/> Hotel <input type="checkbox"/> Car		
3.	<input type="checkbox"/> Hotel <input type="checkbox"/> Car		
4.	<input type="checkbox"/> Hotel <input type="checkbox"/> Car		

HOTEL/CAR RENTAL PREFERENCES

<u>Hotel</u>	<u>Type Room/Special Needs</u>	<u>Car Rental Companies</u>	<u>Type Car/Special Needs</u>
1.		1.	
2.		2.	

FREQUENT FLYER/USER PROGRAMS

<u>Airline/Hotel/Car Rental Company</u>	<u>Account Number(s)</u>	<u>Name (If Different)</u>

I authorize that reservations be charged to: Gov't American Express Gov't Account and that reservation guarantees be charged to my Gov't American Express Personal Card A, Personal Card B

Signature

Name (Printed or Typed)

Date

Revised February 1, 2000