

ATS Traveler Information Form

*Hello! Please complete the following information and return this **REQUIRED** form to us. Your information will be kept confidential and only used as appropriate. Simply type your information in the gray fields and then save under a different file name (including your last name) before emailing back to us. (Or just print, complete, and fax it back to us at: 630.214.4603)*

Please Print Clearly!

Please Delete / Cross out what doesn't apply: Mr / Mrs / Ms / Miss

First Name, and Middle Name or Initial as it appears in your passport:

Last Name as it appears in your passport:

Full Street Address:

City:

State:

Zip:

Best phone number you can be reached at (include area code):

Nationality:

Passport Number:

Expiration (**your passport must have 6 months remaining from the END of your trip**):

(You are responsible for all required entry visas unless you have contracted ATS to handle this task)

Date of Birth:

Sex (circle): Male / Female

Do You Hold Dual Citizenship (list countries)?

Health Requirements / Allergies / Medical Restrictions:

Prescription Medications to be Taken While on our Journey:

Travel Insurance Provider (Please contact Lisa at 630-915-5618 if you need travel insurance):

Insurance Provider Emergency Phone Number:

Travel Insurance Confirmation Number:

Initial here to decline insurance:

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Numbers (include area code):

Home:

Cell:

Food / Beverage preferences (please indicate if you are a vegetarian or vegan, and/or list dietary restrictions due to religious or personal beliefs or as required by your personal health regime. **Supplying this information does not guarantee that your preferred foods will be available**). If we are arranging airline tickets for you, please contact the airline directly to ensure your requirements are addressed.)

Thank you!