



The INS now demands that I ask you for certain legal information about yourself and I would like to know some things in order to provide you with a travel experience in the manner and style that you prefer.
Please, fill in the blank spaces & circle your preferences, one form per person.

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|--|--------------------------------------|--|--|--------------------------------|-----------------------------|--|--|
| Title | First Name (legal) | Initial | Last Name (same as in passport) | E-Mail Address | | Home Telephone Number | |
| Occupation | | Home Address | | City | State | Zip Code | Work Telephone Number |
| Male Female | Date of Birth | Passport Number | | Nationality/Citizenship | | Place of issue | Date of issue Expiration |
| If not a US Citizen: Visa exp. Date | | Alien Registration or Visa Number | | Country of Issue | Country of Residence | | Country of Birth |
| Emergency Contact Information | | Relationship | | Full Legal Name | Address | Day Telephone Number | Evening Telephone Number |
| Smoking Non-Smoking | Aisle Seat Window Seat | | Wine: Red White Rose Champagne Non alcoholic beverage | | | King/Queen Bed Twin beds | |
| Airline Frequent Flier # | AARP member # | | Cruise Line Past Passenger #: | | | Dinner Time: Early Late Table Size: 2 4 6 8 | |
| Physical Impairment or Dietary needs | | | | | | | |
| Comments: (Celebrations on Board, Special Requests, Like to Dine with) | | | | | | | |
| Please sign and mail this completed form to: WinWin Vacations, 510 No 87th St, Seattle WA 98103 or fax it to: 425-696-0247. Thank you! | | | | | Passenger Signature: | | |