



Personal Information Form (PIF)

To help us provide you with the best service possible we just need a little bit more information about you.
You can either complete this form and email or fax us a copy OR you can complete it online by visiting:

www.PEStravel.com/PIF

Professional Name (including all credentials)			
Occupation, Specialty			
Nickname (for name badge)			
Hometown (for name badge)			
Title (Dr./Mr./Mrs./Ms. etc.)			
First Name (as it appears on passport)			
Middle Name (as it appears on passport)			
Last Name (as it appears on passport)			
Street Address			
City, State, Country			
Zip/Postal Code			
Telephone Number	Cell:	Home:	Work:
Email Address			
Birthplace (City, State, Country)			
Birth Date (DD-MMM-YYYY) ex: 01-JAN-2016			
Citizenship			
Passport Number			
Country of Issue			
Date of Issue (DD-MMM-YYYY)			
Expiration Date (DD-MMM-YYYY)			
Place of Issue			
Indicate any significant medical history including chronic illness			
List any allergies (medication and/or food)			
List any dietary restrictions			
List any special room/cabin request(s)			
List any special celebrations or occasions during this trip (please list occasion and date)			

Emergency Contact Information:

Name of Emergency Contact	
Email Address	
Telephone Number	
Relationship	

I have purchased Travel Insurance: _____ YES _____ NO

In declining the purchase of insurance, I am accepting responsibility and full liability for all additional expenses and/or losses incurred resulting from any voluntary or involuntary changes to this trip including but not limited to: Cancellation, accident, sickness, lost or damaged luggage, flight delays, missed connections, etc. I also understand I may purchase travel insurance from Global Tracks at a later date and before travel takes place, but in that event, the terms and conditions of my coverage may be more restricted. **Please initial** _____

**** PLEASE ATTACH A COPY OF YOUR PASSPORT PHOTO PAGE****