

PLEASE COMPLETE FORM AND RETURN TO TRAVEL OFFICE AT MS 44

SMITHSONIAN ASTROPHYSICAL OBSERVATORY
TRAVEL DEPARTMENT
CONFIDENTIAL STAR PROFILE

NAME _____ TITLE _____

DEPARTMENT _____ FAX _____

HOME # _____ OFFICE # _____

CELL # _____ OFFICE CONTACT _____

EMAIL _____

DELIVER TICKETS TO MAIL STOP _____

CREDIT CARD INFORMATION (for hotel guarantee)

CARD TYPE _____ ACCOUNT # _____ EXP. _____

CARDHOLDER SIGNATURE _____

Please note: You have the right **not** to provide Smithsonian with your credit card information. Hotels generally will not accept reservations without a credit card guarantee. **Therefore, by signing here you accept the responsibility of making your own hotel reservations.**

Signature _____

FREQUENT FLYER NUMBERS _____

CAR RENTAL CLUB NUMBERS _____

PREFERRED SEATING: AISLE _____ WINDOW _____

SPECIAL MEAL: LOW FAT _____ VEGETARIAN _____ KOSHER _____ SEAFOOD _____

PREFERRED HOTEL CHAIN: _____

Please note: The airline system periodically deletes STARS with expired credit card information. Please inform the Travel Office whenever your card information changes. **Very Important!!**

Travel Office FAX 617-496-7608