

Client Travel Planning Questionnaire

Please provide us with as much information as possible regarding your future travel plans:

Primary Contact Information

First Name: _____ Middle: _____ Last Name: _____

Home Address (Line 1) _____

Home Address (Line 2) _____

City _____ State _____ Zip Code _____

Home Number: _____ Cell Number: _____

Email Address: _____

Alternate Contact Information

First Name: _____ Middle: _____ Last Name: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Additional Information

Please provide us with the most convenient time to contact you:

Please indicate your preferred method where we can contact you: Cell Phone Home Phone

Are you a travel agent?

Please indicate the number of individuals included in your Travel Plans

Please tell us about the Country(s) or Destination(s) you're interested in: _____

Please indicate Beginning & Ending dates for travel: _____ Thru: _____

Do you possess a current US Passport? _____ What is your Nationality? _____

Please indicate your reason for Travel: _____ If Other, Please Specify: _____

Are you celebrating a special occasion, e.g. Birthday, etc.? _____ If so,

Do you have special needs which require additional assistance?

If so, please specify the type of assistance which you may require: _____

Additional Comments: _____

Thank you for your interest in Travels to Remember LLC®. We look forward towards making your travel plans truly memorable!

Please Return via Email or Fax to:

Travels to Remember, LLC®

Email: Socarnp@TravelsToRemember.Net

Fax: (305) 856-1710