

## 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](mailto:Socarnp@TravelsToRemember.Net)

**Fax:** (305) 856-1710