

Group Questionnaire

Please fill out the form below. This will help use with planning a wonderful trip for you.

Your name:	E-mail:		
Street:	City:		
State:	Zip Code:	Phone:	
Departure date:	Return Date:	Number of travelers:	
What hotel category (3, 4 or 5 star)?		What is the estimated budget?	
Please select the coun	tries from the drop down bo	oxes below that your clients want to visit.	
Select 1 st country:	Select 2 nd country:	Select 3 rd country:	
Select 4 th country:	Select 5 th country:	Select 6 th country:	
Please list any other country here:			
Please list	the cities or other area that	t you are interested in below.	
T . II			
I ell us any additional in	formation (special interests	s, hobbies) that can help us plan your trip.	

Please e-mail this form or print and Fax to 1-830-264-2566