

## Europe Made Easy

## A division of Graham Euro Designs, Inc.

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## **Traveler Questionnaire**

Please fill out the form below. This will help use with planning a wonderful trip for your clients. The information will also help us with letting us know about you and your agency.

Your name:	E-mail:		
Street:		City:	
State:	Zip Code:	Zip Code:	
Phone:	Evening Phone:	Fax:	
What is the lead name of	the traveler?		
Departure date:	Return Date:	Number of travelers:	
What hotel category (3, 4	or 5 star)? What is the estimate	What is the estimated <u>land</u> only budget?	
Please se	elect the countries from the drop down boxe	es below that your clients want to visit.	
Select 1 <sup>st</sup> country:	Select 2 <sup>nd</sup> country:	Select 3 <sup>rd</sup> country:	
Select 4 <sup>th</sup> country:	Select 5 <sup>th</sup> country:	Select 6 <sup>th</sup> country:	
Please list any other cou	ntry here:		
	Please list the cities or other area your clie	ents are interested in below.	
	Tell us any additional information that we	may need or be aware of.	

Please email this form to info@europemadeeasy.com or fax to: 1-830-264-2566