



Europe Made Easy

A division of Graham Euro Designs, Inc

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Travel Agent 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: _____ Agency Name: _____

Street: _____ City: _____

State: _____ Zip Code: _____

Phone: _____ Evening Phone: _____ Fax: _____

E-mail: _____ IATA, ARC, or Clia # _____

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 their total land only budget? _____

Please select the countries from the drop down boxes below that your clients want to visit.

Select 1st country: _____ Select 2nd country: _____ Select 3rd country: _____

Select 4th country: _____ Select 5th country: _____ Select 6th country: _____

Please list any other country here: _____

Please list the cities or other area your clients are interested in below.

Tell us any additional information that we may need or be aware of.
