



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: _____
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 estimated **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.

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