Who is your	Certified Trav	el Concier	ge?	
Email:				
Phone:				
				Your Preference
What date w	ould you like t	o depart?	:	
From which	airport would	you like to	depart?	
How many n	ights would ye	ou like to s	tay?	
How many a	dults?			
How many o				
Have you lo	oked at any de	stinations	and/or ho	otels?:
Yes	No			
Are you poo	I or beach peo	ple:		
Beach	Pod	ol	Both	
Do you wan	t to go to an al	l-inclusive	resort?	
Yes	No	Unsur	е	
Have you tra	evelled outside	the count	ry before	?:
Yes	No			
.00				
Have the kid	s flown and al	so travelle	d outside	the country?:
Yes	No			
	most importan	t aspect of	f your vac	ation?:
(check all th	at apply)			
Room L	ayout			
Small H	otel Size			
l arno H	otal Siza			

Kids Club	
All-Inclusive	
Other	
What types of activities would you like?  Scheck all that apply)	
Great Pools	
Great Beach	
Swimming in the Ocean	
Non Motorized Water Sports	
Tours Outside the Hotel Available	
Other	
Tell us about your favorite vacation or life experience.	
Quality Time Spent Together	
Enjoyed Activities Available	
Enjoyed Experiencing the Culture	
Other	

What made your favorite vacation or life experience memorable? What was your worst travel experience?

Flight Issues
Hotel Food
Hotel Service
Other
What ages are your children? Child 1 Age:
Does anyone have any hobbies and/or special interests?
Sports
Music
Animals
Volunteering
Architecture
Food
Wine/Beer/Spirits
Other
Any health and/or dietary needs?
Vegetarian
Vegan

**Gluten Free** 

Other

Any other specifics that would be helpful?