



ORION CRUSADES

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CST # 2039400-40

CLIENT PROFILE QUESTIONNAIRE

A. Client Registration

Date: / / 2012

Name: _____
(Last) (First) As written in Passport (Middle) As written in Passport

Address: _____

Phone: _____ FAX: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business FAX: _____

Documents to be sent to: Home _____ Business _____
(Check preference)

e-mail address _____

Health considerations:

(Indicate person and consideration)

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B. Persons traveling together (Names as found in Passports)

<u>Name</u>	<u>Age</u>	<u>DOB</u>	<u>Relationship</u>	<u>Profession(If applicable)</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Travel experience & Preferences

When do you usually take your vacation(s)?

- Varies Summer Fall Winter Spring
 Varies weekends/long weekends 1 week 2 weeks
 3 weeks 4 weeks other

What was your best travel experience?

What was your worst travel experience? _____

What concerns you most when you think of traveling? _____

What type of travel might you undertake in the next year or so?

- Business trip escorte tour cruises resor package
 Independent trip her _____

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C. Interests

	Travel Companions			Travel Companions	
	Yourself		Yourself		
Activity sports			Museums		
Antiques			Music		
Archaeology			Nightlife		
Architecture			Opera		
Art			Photography		
Ballet			Rafting		
Castles/Palaces			Religion		
Churches/Synagogues			Sailing		
Cooking			Scenery		
Cycling			Shopping		
Dance			Sightseeing		
Diving/Snorkeling			Skiing		
Eco-Tourism			Soft Adventure		
Food			Spectator Sports		
Gambling			Stately Homes		
Gardens			Street Markets		
Genealogy			Surfing		
Golf			Swimming		
Hiking			Tennis		
History			Theater		
Literature			Windsurfing		
Meeting Locals			Wine Tasting		
Mountain Cycling			Other		

D. Preferences

Airlines (If airline tickets are already purchased pass this section)

Preferred airlines

Frequent flyer number(s)

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Any airlines you won't fly on? _____

Service class (Please Circle)

First class Business Unrestricted coach Lowest fare coach Other _____

Seating selection (Please Circle)

Window Aisle Center

Front of plane Center of plane Rear of plane Bulkhead seat

Special requests (meals, etc.)

Comments _____

Accommodations

Memberships which might entitle you to discounts (AAA, AAR, etc.) _____

<u>Preferred hotels</u>	<u>Frequent lodger number</u>	<u>Corporate ID number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Type of accommodations

Price range per night \$ _____

Essential Preferred Essential Preferred

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All-inclusive resorts	<input type="checkbox"/>	<input type="checkbox"/>	Bed & Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
All-suite hotels	<input type="checkbox"/>	<input type="checkbox"/>	Apartment rentals	<input type="checkbox"/>	<input type="checkbox"/>
Deluxe	<input type="checkbox"/>	<input type="checkbox"/>	Villa rentals	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	Farm stays	<input type="checkbox"/>	<input type="checkbox"/>
Budget	<input type="checkbox"/>	<input type="checkbox"/>	Castles	<input type="checkbox"/>	<input type="checkbox"/>
Modern hotels	<input type="checkbox"/>	<input type="checkbox"/>	Stay with families	<input type="checkbox"/>	<input type="checkbox"/>
Old world charming hotels	<input type="checkbox"/>	<input type="checkbox"/>	Hostels	<input type="checkbox"/>	<input type="checkbox"/>
Country inns	<input type="checkbox"/>	<input type="checkbox"/>	camping	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Bed size

- Twin Double Queen King

Number of beds needed _____

Room type

- Suite Junior Suite Standard
 Smoking Non-smoking

Bathroom facilities

- Bathroom in room essential Bathroom in room optional
 Shower preferred Bathtub preferred Either is fine

Special requests (near elevator, lower or higher floor, ocean view, etc.)

Amenities

	Essential	Optional		Essential	Optional
TV in room	<input type="checkbox"/>	<input type="checkbox"/>	Restaurant in hotel	<input type="checkbox"/>	<input type="checkbox"/>
Phone in room	<input type="checkbox"/>	<input type="checkbox"/>	Room services	<input type="checkbox"/>	<input type="checkbox"/>
Mini-bar/refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Parking	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>

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Comments

Dining

Prefer eating in:

- | | |
|--|---|
| <input type="checkbox"/> Hotel restaurants | <input type="checkbox"/> Hotel room with cooking facilities |
| <input type="checkbox"/> Tourist restaurants outside hotel | <input type="checkbox"/> Having picnics/buying own food |
| <input type="checkbox"/> Local native restaurants | <input type="checkbox"/> Other _____ |

Comments

F. Information about your trip

Departure dates: From _____ to N/A
(Earliest date could leave) (Latest date could leave)

Return dates: From _____ to N/A
(Earliest date could leave) (Latest date could leave)

Are Dates Flexible: Yes No

Length of stay desired: _____

Flights leaving home

City/cities departing from _____

Airline & Flight Number _____

Departure Date/Time _____

Arrival Date/Time _____

City/cities flying into _____

Flights returning home

City/cities departing from _____

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Auto Insurance needed:

- None CDW Theft Other _____

Preferred transport once you arrive:

- Rental car
 Train
 Bus
 Other _____

Car Rentals

Preferred Companies	Frequent Renter Number(s)	Corporate ID Number(s)

Preferred car size/type

Comments

Total trip budget including airfare: _____

Total trip budget excluding airfare: _____

Pace/energy Level: Active Moderate Relaxed

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