

CLIENT PROFILE - QUOTE REQUEST

A. Client Registration

Date: ___ / ___ / ___

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

Client Address: _____

Client Phone: _____

Documents to be sent to: Agency Address _____ Client Home _____ (Check preference)

Health considerations: _____

(Indicate person and consideration)

B. Person(s) 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.	_____	___	____	_____	_____

C. Travel Date & Type Preferences

Date of Travel _____

Start Date _____ End Date _____

1 week 2 weeks 3 weeks 4 weeks other



What type of travel are clients looking for?

- Independent
 escorted tour
 small group tour (6 -16 max)
 Off the Beaten Path
 Adventure
 Ancestor Family Clan Tour
 Combo Independent, small group day Trips from base location

D. 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		

E. Flight Details (Required information for transportation logistics)

City/cities departing from _____

Airline & Flight Number _____

Departure Date/Time _____

Arrival Date/Time _____

City/cities flying into _____

Flights returning home

City/cities departing from _____

Airlines (If airline tickets are already purchased or will be taken care of elsewhere pass this section)

Preferred airlines

Frequent flyer number(s)

Any airlines clients 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>
_____	_____	_____
_____	_____	_____

F. Type of accommodations (Please Circle)

3 Star	4 Star	5 Star	Combo 3, 4 Star	Combo 4,5 Star	
	Essential	Preferred		Essential	Preferred
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
 (Note: Most B & B's, Inns, Hotels, etc are non-smoking, however some still allow smoking. Please advise if allergies are an issue)

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"/>

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"/> Food Allergies _____ |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Other _____ |

Comments

G. Preferred transport once you arrive: (If applicable, circle client options)

Car Rental Train Personal Driver/Guide 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

Do clients prefer crowded/festive places or quiet places? _____

Preferences/priorities Country	City/Region	Specifics
1.		
2.		
3.		
4.		
5.		
6.		
7.		

NOTES:

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