## Travel Agent Inquiry Form

## PERSONAL INFORMATION

Full Name:						
Contact Number:	Email Address:					
Preferred Method of Contact: Ph	one / Email / Text <i>(Please circ</i>	cle)				
TRAVEL DETAILS						
Destination(s):						
Departure City:						
Travel Dates: Departure:	Return:	Flexible? Yes / No				
Occasion:(e.g., Vacation, Honeymoon, Business, etc.)						
TRAVELER INFORMAT	ION					
Number of Adults:	Number of Children:	Age(s) of Children:				
Travel Preferences:						
Accommodation Type: Hotel / Resort / Apartment / Other:						
Room Preferences: Single / Double / Suite						
Transportation Preferences: Economy / Business / First Class						
Rental Car Needed? Yes / No						
Dietary Restrictions or Preferences:						

## ACTIVITIES AND INTERESTS

Please indicate your interests or activities you wish to include in your travel plan:



	Cultural Experiences	$\bigcirc$	Relaxation/Spa	
	Nature/Wildlife		Culinary Experiences	
	Shopping	$\bigcirc$	Historical Sites	
Spe	ecial Requests or Notes:			
	UDGET INFORMATIO	)N		
Estimated Total Budget for Trip:  Budget Preferences: (Please indicate any specific budget allocations, e.g., accommodation, flights, activities.)				
INSURANCE AND SAFETY				
Interested in Travel Insurance? Yes / No Any medical conditions or accessibility requirements we should be aware of?				



## **CONSENT AND CONFIRMATION**

By submitting this inquiry form, I consent to the collection and use of my personal information for the purpose of travel planning and consultation. I understand that this information will be used to create a travel plan tailored to my preferences and requirements.

Signature: \_\_\_\_ Date: \_\_\_\_

Independent Travel Agent with Cornerstone Travel



