



CUSTOMER PROFILE

Mr. / Mrs. / Ms. _____ Date: _____
 Preferred tel.: _____ Res / Bus / Cell _____ Res / Bus / Cell
 E-Mail Address _____

How did you hear about us?

<input type="checkbox"/> Past Client	<input type="checkbox"/> Referral	<input type="checkbox"/> Previous contact	<input type="checkbox"/> Location
<input type="checkbox"/> Internet	<input type="checkbox"/> (E-)Mail	<input type="checkbox"/> Yellow pages	<input type="checkbox"/> Trade show
<input type="checkbox"/> Other _____			

VACATION PLANS

Destination	Month/Year	Duration

Type of vacation:

- Cruise
- All Inclusive
- Escorted Tour
- Land Package

How many people will be traveling? _____
 Specifics plans:

- Traveling with family
- Traveling with friends
- Grandparents / Grandchildren
- Wedding / Honeymoon
- Anniversary / Special occasion
- Romantic getaway
- Singles
- Luxury
- Conference / Incentive

CRUISE / TRAVEL HISTORY

Have you taken a cruise before? _____
 Yes How many times? _____

Which cruise line(s)?

<input type="checkbox"/> Carnival	<input type="checkbox"/> Holland America	<input type="checkbox"/> Royal Caribbean
<input type="checkbox"/> Celebrity	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Princess
<input type="checkbox"/> Other(s) _____		

Where/how long did you cruise? _____

What did you enjoy most? _____

No
 Where did you take your last vacation? _____

What kind of hotels/restaurants do you enjoy? _____



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TRAVEL PREFERENCES (prioritize most to least important)

Ship type:	<input type="checkbox"/> New	<input type="checkbox"/> Large
	<input type="checkbox"/> Medium	<input type="checkbox"/> Small
	<input type="checkbox"/> River/Barge	<input type="checkbox"/> Expedition
Itinerary:	<input type="checkbox"/> Port intensive	<input type="checkbox"/> Days at sea
	<input type="checkbox"/> Sightseeing	<input type="checkbox"/> Beaches
	<input type="checkbox"/> Special destinations	<input type="checkbox"/> Duty Free shopping
Atmosphere:	<input type="checkbox"/> Casual	<input type="checkbox"/> Luxury
	<input type="checkbox"/> Fun	<input type="checkbox"/> Sophisticated
	<input type="checkbox"/> Active	<input type="checkbox"/> Relaxing
	<input type="checkbox"/> Un-regimented	<input type="checkbox"/> Structured

Special Interests:

- Bridge / Cards
- Casino
- Ballroom Dancing
- Education on Vacation
- Music / Entertainment
- Fitness / Sports
- Golf
- Kids' Programs
- Photography
- Soft Adventure / Eco-Tours
- Spa / Wellness
- Wine / Cooking

Preferred Cruise line(s):	<input type="checkbox"/> Carnival	<input type="checkbox"/> Holland America	<input type="checkbox"/> Royal Caribbean
	<input type="checkbox"/> Celebrity	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Princess
	<input type="checkbox"/> Other(s) _____		
Ship(s):	_____		
Why?	_____		
Stateroom(s):	<input type="checkbox"/> Suite	<input type="checkbox"/> Mini-Suite	<input type="checkbox"/> Balcony
	<input type="checkbox"/> Double	<input type="checkbox"/> Single	<input type="checkbox"/> Triple
	<input type="checkbox"/> Oceanview	<input type="checkbox"/> Quad	<input type="checkbox"/> Inside
			<input type="checkbox"/> Wheelchair accessible

Flights:	<input type="checkbox"/> Same day	<input type="checkbox"/> Deviation	<input type="checkbox"/> Independent arrangements
Hotels:	<input type="checkbox"/> Pre-cruise	<input type="checkbox"/> Post-cruise	

COMMENTS (Limitations and Restrictions)

Entered / updated in 7Seas Cruise Club?	<input type="checkbox"/> Yes
Would you like to receive our newsletters by email?	<input type="checkbox"/> All
<input type="checkbox"/> CruiseShipNews™	<input type="checkbox"/> Alaska
<input type="checkbox"/> CruiseShipWeekly™	<input type="checkbox"/> Caribbean
<input type="checkbox"/> CruiseShipFlash™	<input type="checkbox"/> Exotic
<input type="checkbox"/> CruiseShipNews™ delivered by mail	

Date for follow up: _____



CUSTOMER BOOKING FORM

Mr. / Mrs. / Ms. _____ Date: _____

MAILING/BILLING INFORMATION

Address 1:	_____		
Address 2:	_____		
City:	_____	State/Province: _____	Zip/Postal Code: _____
Telephone:	_____	Fax/Other: _____	

Credit Card: Visa / MC / AMEX _____ Expiry _____

BOOKING INFORMATION (include any additional family members or friends interested in traveling)

Last Name (on passport)	First Name (on passport)	Title	Birthdate	Citizenship

Passenger	Past Passenger Number

Passenger	Past Passenger Number

ACCOMMODATIONS (number of staterooms)

	Suite	Mini-Suite	Balcony	Oceanview	Inside
Double					
Single					
Triple					
Quad					

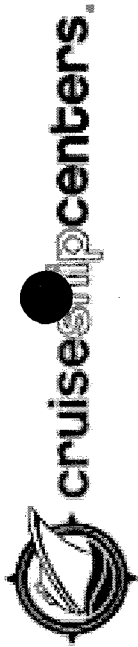
- Wheelchair accessible
- Single share
- Double / Queen bed
- Twin beds
- Rollaway / Crib

DINING / SPECIAL REQUESTS

Seating:	<input type="checkbox"/> First Seating	<input type="checkbox"/> Second Seating	<input type="checkbox"/> Open Seating	<input type="checkbox"/> Other			
Table size:	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> Small	<input type="checkbox"/> Large
Dietary needs:	_____						
Celebration(s):	_____			Date:	_____		
Requests:	_____						

FLIGHT ARRANGEMENTS

Required from gateway: _____



RESEARCH CHECKLIST

Mr. / Mrs. / Ms. _____ Date: _____

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E-Mail Address _____

BEST MATCHES	TRAVEL DATES		PRIORITIES			PLANS		PREFERENCES								
	Departure Date	(Sub) Destination	Ship (or Hotel/Resort or Tour)	Price	Duration	Destination	Date	Duration	Ship Type	Itinerary	Atmosphere	Cruise Line	(State)room type	Max. Occupancy	Past Passenger	Budget

COMMENTS
