

Name(s) _____

Itinerary Code (if you do not know it, provide countries traveled to) _____

Date of Departure _____

We continuously refine our services by counting on our clients' comments to help us improve our programs. Please take a few minutes to fill out the following questionnaire. Your prompt response is greatly appreciated.

**Please complete and return this questionnaire to us at the following address:
2995 Center Green Court, Boulder, Colorado 80301**

PREPARATION

Trip planning service

Name of your Sales Manager/Travel Specialist _____

Service of your Sales Manager/Travel Specialist Excellent Good Fair Poor

Comments: _____

Sales & sign-up process

Timeliness of processing Excellent Good Fair Poor

Clarity of information Excellent Good Fair Poor

Overall Rating Excellent Good Fair Poor

Comments: _____

Predeparture materials

Reading ease/information Excellent Good Fair Poor

Overall rating Excellent Good Fair Poor

Is there anything else you wish you'd known before the trip? _____

Is there anything else you wish you'd brought on the trip that was not recommended? _____

Is there anything that we recommended you bring on the trip that you did not need? _____

Any other suggestions regarding our recommendations? _____

POST TRIP REPORT

THE JOURNEY

Local guides & other staff

Courtesy Excellent Good Fair Poor

Competence Excellent Good Fair Poor

Language Excellent Good Fair Poor

Safety orientation Excellent Good Fair Poor

Knowledge Excellent Good Fair Poor

Who was particularly outstanding? Why? _____

Was there anyone who was not acceptable? Who? Why? _____

Land itinerary

Schedule Excellent Good Fair Poor

Length Excellent Good Fair Poor

Pace Excellent Good Fair Poor

Cultural interaction Excellent Good Fair Poor

Overall rating Excellent Good Fair Poor

Comments: _____

Food

Quality Excellent Good Fair Poor

Overall rating Excellent Good Fair Poor

Comments: _____

International Air

Did you book your international air with us? Yes No

If you booked your international air with us, how would you rate our service? Excellent Good Fair Poor Not applicable

Did you redeem frequent flier miles to purchase your ticket(s)? Yes No

Did you redeem frequent flier miles to upgrade your ticket(s)? Yes No

Which airline did you select for international air? _____

How would you rate the interanational airline's service? Excellent Good Fair Poor Not applicable

Comments: _____

Ground Transportation

- Driver's skills Excellent Good Fair Poor
- Vehicle conditions Excellent Good Fair Poor
- Safety Excellent Good Fair Poor
- Overall rating Excellent Good Fair Poor

Accommodations

Which places did you particularly enjoy? Why? _____

Which places did you not particularly enjoy? Why? _____

General Impression

Overall quality of trip versus your expectations Exceeded Expectations Met Expectations Below Expectations

In deciding to take this trip, what elements particularly appealed to you? _____

What did you most enjoy about the trip? _____

What did you least enjoy about the trip? _____

How would you rate the difficulty of this trip? Easy Moderate Difficult Too much!

How did you hear about Asia Transpacific Journeys? _____

ADDITIONAL COMMENTS

Please share a memorable moment from your trip. For instance, a quiet afternoon in a village watching rural life unfold, a group of children who take a special interest in you, or a stunning landscape in an exotic land. We certainly hope you have many pleasant memories from your travels! _____

POST TRIP REPORT

SUMMARY

Will you recommend this destination to others? Definitely Probably Probably not Definitely not

Will you recommend Asia Transpacific Journeys to others? Definitely Probably Probably not Definitely not

Will you travel with us again? Definitely Probably Probably not Definitely not

If so, what type of trip would you take? Group Custom Either

What destinations do you plan to travel to in the future (no need to limit your choice to areas in which we currently operate)?

Please list any destinations in our current catalog for which you would like to receive additional information: _____

May we add your name to our reference list? Yes No

REFERRALS

Do you know of anyone who would be interested in receiving our catalog?

Name _____ Phone _____

Address _____

City, State, Zip _____

Name _____ Phone _____

Address _____

City, State, Zip _____

Name _____ Phone _____

Address _____

City, State, Zip _____

Thank you very much for your comments and suggestions. We look forward to planning another trip for you and wish you many happy travels.

If you traveled on a Group Trip, please continue on to the next page.

If you traveled on a Group Trip, please complete the following:

GROUP TOUR LEADERSHIP

Name of Tour Leader: _____

Would you travel with this tour leader again? Definitely Probably Probably not Definitely not

Professionalism Excellent Good Fair Poor

Friendliness/availability Excellent Good Fair Poor

Group leadership skills Excellent Good Fair Poor

Liaison with local staff Excellent Good Fair Poor

Knowledge of local culture/customs Excellent Good Fair Poor

Knowledge of wildlife (if applicable) Excellent Good Fair Poor

Facilitating cultural interactions Excellent Good Fair Poor

Concern with safety Excellent Good Fair Poor

Concern with environment Excellent Good Fair Poor

Comments: _____
