

Your comments are important to us so that we can provide the best service. We thank you for taking the time to complete this. Please ✓ the appropriate box, or write your comments or answers in the space provided.

BOOKING REF	NAME	POSITION
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INSTITUTE NAME	SUBJECT TAUGHT
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ADMINISTRATION PROCESS FROM CONFIRMATION TO POST TOUR

Name of Tour Co-ordinator _____

	Excellent	Good	OK	Poor
Courtesy & helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service on the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of resort/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy of final itinerary and vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall service from Tour Co-ordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments? _____

SALES PROCESS PRIOR TO CONFIRMING YOUR BOOKING

Name of Sales contact _____

Knowledge of resorts offered by sales person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall courtesy and helpfulness of sales person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed with which quote letters were sent out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy and clarity of quote letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments regarding the sales service, and suggestions for improvement

TRAVEL IF BY AIR

With which airline did you travel? _____

Any Comments _____

TRAVEL IF BY COACH

With which coach company did you travel? _____ Name of driver/s _____

Knowledge of resorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Any Comments _____

ACCOMMODATION AND MEALS IN RESORT

Name of Hotel/Centre _____

	Excellent	Good	OK	Poor
Standard of rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/Centre facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals - If restaurant please give name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and helpfulness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any comments? _____				

EXCURSIONS

Routes and timings

TOP 3 EXCURSIONS

1. _____ 2. _____ 3. _____

What did your group enjoy the most? _____

What did your group enjoy the least? _____

Accuracy and clarity of brochure/website

Value for money of your tour

Quality of instruction by guide/leader

ABOUT YOU

How likely are you to travel with us again? Definitely Likely Possibly Unlikely

How did you hear about us? _____

Which destination would you like to visit next? _____

Your reasons for this choice? _____

When would you like to travel? _____ No. of days _____

Any special requests? _____ Approx. group size _____

Which destinations do you and your institute travel too? _____

How often does your institute travel? _____

How many tours do you lead each year? _____

Other lecturers who may be interested in receiving information from us:

Name, institute, position: _____

Has the educational aim or objective been fulfilled? Yes No Not applicable

Any other comments/suggestions?

