

IST



Quote Request

Requested By: _____ Date Required By: _____

Requested Dates and Length of Trip (to/from & # of days/nights)				Option 1:		Length: Days		Nights	
Alternative Dates Options (to/from)				Option 2:		Option 3:			
Days of Week to Travel				<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.					
Name of School / Group									
School Address				Street		City		State	Zip
								Select	
Contact's Information				Name:					
				Phone:			Email:		
Number of Students (min/max), Chaperones and Chaperone Rooms				Students:		Chaperones:	#	Rooms:	#
Budget Per Student	Include Flights?	Airport Choice 1	Airport Choice 2	Extras to Include (movies, bowling, theme park, etc.)			Special Requests (tour mgr., hotel security, city, hotels, bus, etc.)		
Campuses to Visit (list in order of priority)									

ESTIMATE – OFFICE USE ONLY

TOUR MANAGER	ESTIMATED GUEST ROOMS	TRANSPORTATION	BUS COMPANY	GRATUITY
		\$		\$

	NIGHTS	HOTEL / LOCATION	PRICE	BASE PRICE
Hotels				
Meals		Lunch		
		Dinner		
		Meal Stop		
Extras		IST Tour Guide		
Total:				