

**TRAVEL AGENT BUYER PROFILE FORM – submit with registration
(Please attach your business card)**

NAME _____

COMPANY YOU REPRESENT _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

AGENCY PHONE NUMBER _____

WEBSITE ADDRESS _____

AGENCY OFFICE OPEN _____ AM TO _____ PM

NUMBER OF AGENTS AT THIS COMPANY LOCATION _____

You are (choose one)

Owner ___ Manager ___ Partner ___ Other position in agency _____

Commissionable gross YOU sell each year is under \$75,000 _____ over \$75,000 _____

Your IATA# _____ IATAN# _____ CLIA# _____

Number of group packages you sell each year _____ individual packages you sell each year _____