

YOURS IN TRAVEL GROUP

NATIONWIDE – WORLDWIDE TRAVEL PLACEMENT

JOB ORDER

(Questionnaire)

By filling out this form, you are under no obligation.

Once this form has been completed, please e-mail it to us at

JobOrder@YoursInTravel.com (Place the words job order in subject box)

Questions? Call us or e-mail us:

Toll Free in the USA 1-888-697-7899 Monday – Friday, 9:00am to 6:00pm, ET

For overseas calls, please call 001-212-697-7855

JobOrderQuestions@YoursInTravel.com (Place the word questions in the subject box)

Company Classification

Please place an "X" next to the option that describes your Company best:

- | | |
|-----------------------------|--------------------------|
| Travel Agency | <input type="checkbox"/> |
| Cruise Only Agency | <input type="checkbox"/> |
| Travel Management Company | <input type="checkbox"/> |
| Tour Operator/Wholesaler | <input type="checkbox"/> |
| Consolidator | <input type="checkbox"/> |
| Cruise Line | <input type="checkbox"/> |
| Hotel Chain | <input type="checkbox"/> |
| Hotel (Individual Property) | <input type="checkbox"/> |
| Hotel Representative | <input type="checkbox"/> |
| Airline | <input type="checkbox"/> |

Classifications continued next page

- Tourist Board/C&VB
- Motorcoach
- Incentive House/Meeting Planning
- Car Rental
- Rail
- Corporate Travel Dept
- Internet/eCommerce
- Other _____

You must respond to all asterisk (*) items or this form will be rejected

*How did you learn of our services? _____

*Company Name: _____

*Address: _____

*City: _____

*State: _____

*Zip Code: _____

*Country: _____

*Business Phone (with Area code/Country code): _____

*Business Fax (with Area code/Country code): _____

Toll Free Phone: _____

Web Site: <http://www.> _____

*Your Full Name: _____

*Your Title: _____

*Best Time To Reach: _____

*Time Zone: _____

Direct Phone Line (with Area code/Country code): _____

Direct Fax Line (with Area code/Country code): _____

*Your E-Mail Address: _____

*Are You a Principal/Owner/Partner of the Company? _____

*If NOT, please provide Principal's Name: _____

*Title: _____

*Year Started: _____

Original Owner: _____

ARC: _____

IATA: _____

CLIA: _____

*Company Description:

*Affiliations (i.e. ASTA, Consortia): _____

*Number of F/T Employees: _____

Number of P/T Employees: _____

*Gross Sales Volume: _____

*Automation System (CRS/GDS): _____

*Back Office System: _____

*Business Mix (%): _____

Other office locations:

*Office Hours: _____

*Company Benefits:

*Vacation Policy: _____

*Sick/Personal Days: _____

Fam Policy (How many days, Paid?): _____

Incentives:

Bonus Policy: _____

*Salary Review Policy: _____

*Proposed Job Title: _____

*Person's Name the above position reports to? _____

*Title of that person: _____

*Proposed Job Description:

*Proposed Annual Salary range: _____

(Job Order cannot be processed without a salary range, WE CANNOT ACCEPT THE WORD/PHRASE "NEGOTIABLE")

Bonus (if applicable): _____

Paid when: _____

Incentives (if applicable): _____

Paid when: _____

*Relocation Paid: _____

*Printed/Typed Name OF PERSON completing this form:

*Title: _____

*Today's Date: _____

Please provide us with the Name and Title of an Officer of your Corporation who will be responsible for signing our contract:

*Printed/ Typed Name of OFFICER: _____

*Title: _____

*Their e-mail address: _____

THANK YOU

A Principal of our company will discuss your exact requirements and will assist you in determining which of our Agreements you are most suited for. By filling out this form, you are under no obligation; however, please provide accurate information as our company intends to rely on it. Also, if we enter into an Agreement with you, this completed Search Specifications form may be considered to be part of the Agreement.

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