

GSA / BUYER PREQUALIFICATION APPLICATION

NAME OF ORGANIZATION:

Name _____

Title _____

Street Address _____ City _____

State _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Country Code Area Code/City Code

Company E-mail (required) _____ Web Site (required) _____

IATA number _____

Which best describes your business?

- | | | |
|---|---|---|
| <input type="checkbox"/> Associations | <input type="checkbox"/> Incentive Companies | <input type="checkbox"/> Retailers |
| <input type="checkbox"/> Event Management Companies | <input type="checkbox"/> Marketing Companies | <input type="checkbox"/> Wholesalers/Retailers |
| <input type="checkbox"/> GSA | <input type="checkbox"/> Professional Conference Organizers | <input type="checkbox"/> Wholesalers/Tour operators |
| <input type="checkbox"/> Human Resources Companies | <input type="checkbox"/> Receptive Operator | |

Are you a member of the Visit USA Committee? Yes No

How many passengers did you handle last year?

- 1.000-4.999 5.000-24.999 25.000-49.999 50.000-99.999 100.000-249.999 250.000-499.999 500.000-999.999 Over 1.000.000

Annual sales volume in US dollars

- 1.000-4.999 5.000-24.999 25.000-49.999 50.000-99.999 100.000-249.999
- 250.000-499.999 500.000-999.999 Over 1.000.000 N/A

With which air carriers (top three) do you book the majority of your business? N/A

How many events do you host annually? _____ N/A

What countries are they held in? _____ N/A

Please fax this form back to +1 (305) 365-0783 to Rosadela Arenas' attention.

NOTE: This form is not a registration document. You will be notified by email if your application is accepted under Buyer / GSA requirements, and only then asked to fill in a registration form.