

RESPONSE DUE DATE:

REMIT BY EMAIL TO:

## REQUEST FOR PROPOSAL

ORGANIZATION: \_\_\_\_\_

DECISION MAKER: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

OVERVIEW OF ORGANIZATION: (type of meeting, demographics)

MEETING NAME: \_\_\_\_\_

MEETING DATES: \_\_\_\_\_ ALTERNATE DATES: \_\_\_\_\_ DATES FLEXIBLE: YES ☐ NO ☐

MEETING FREQUENCY: \_\_\_\_\_

MEETING SCOPE: STATE ☐ REGIONAL\* ☐ NATIONAL ☐ INTERNATIONAL ☐

\*If Regional, please list states represented: \_\_\_\_\_

EXPECTED ATTENDANCE: \_\_\_\_\_

BUDGETED ROOM RATE: \_\_\_\_\_ TOTAL ROOM NIGHTS: \_\_\_\_\_ PEAK ROOM NIGHT(S): \_\_\_\_\_

DATE								
REQUESTED ROOMS								

### MEETING SPACE REQUIREMENTS:

DAY	START TIME	END TIME	AGENDA ITEM	SET-UP TYPE	NUMBER OF PEOPLE
	: AM <input type="checkbox"/> PM <input type="checkbox"/>	: AM <input type="checkbox"/> PM <input type="checkbox"/>			
	: AM <input type="checkbox"/> PM <input type="checkbox"/>	: AM <input type="checkbox"/> PM <input type="checkbox"/>			
	: AM <input type="checkbox"/> PM <input type="checkbox"/>	: AM <input type="checkbox"/> PM <input type="checkbox"/>			
	: AM <input type="checkbox"/> PM <input type="checkbox"/>	: AM <input type="checkbox"/> PM <input type="checkbox"/>			
	: AM <input type="checkbox"/> PM <input type="checkbox"/>	: AM <input type="checkbox"/> PM <input type="checkbox"/>			

ADDITIONAL MEETING NOTES OR REQUIREMENTS: (example: Do meal functions require separate space? or are attendees on their own for meals?)

### CONCESSIONS / CONTRACTUAL REQUIREMENTS:

FOOD & BEVERAGE BUDGET: \_\_\_\_\_

OTHER DESTINATIONS UNDER CONSIDERATION: \_\_\_\_\_

### EVENT HISTORY:

VENUE	CITY	STATE	EVENT DATE	ATTENDEES	ROOM BLOCK	ROOM PICK UP	ROOM RATE	F&B SPENT

DECISION FACTORS: \_\_\_\_\_

DECISION PROCESS: \_\_\_\_\_

DECISION DATE: \_\_\_\_\_ SITE VISIT: YES ☐ NO ☐ DATE: \_\_\_\_\_