

**I. Contact Information**

**Event Host Organization:**

Key Contact Person:

Mailing Address Line 1:

Mailing Address Line 2:

City: State/Province: Zip/Postal Code:

Phone: Mobile Phone:

E-mail Address: Web Address:

Preferred Method of Communication:  Telephone  Email

**Event Organizer/Host Organization Billing Address:**

Billing Contact Person:

Billing Address Line 1:

Billing Address Line 2:

City: State/Province: Zip/Postal Code:

Country:

Billing Contact Telephone:

## **II. Event Profile**

Event Name:

Event Host Organization:

Event Start Date:

Event End Date:

### **Event Organizer**

Event Host Overview (*mission, philosophy, etc.*):

Event Objectives:

### **Attendee Profile**

Expected Total Event Attendance:

Attendee Demographics Profile:

*(Include information regarding demographics, international mix of attendees, fly-in v. drive-in mix, etc.)*

Accessibility/Special Needs:

*(Outline any special needs for the group including special accessibility needs)*

**Past Events**

Provide the following for past four conferences:

Facility Name	City, State	Start Day & Date	End Day & Date	Total Attendance	Total Room Nights

**III. Requirements**

**Statement of Need:**

*(General description of the types of services for which this RFP is soliciting proposals and the intended length of the contract (in years)).*

**Date Requirements**

Preferred Dates

Alternate Dates 1

Alternate Dates 2

**Facility Requirements**

Sleeping Rooms Needed

*(Use history from previous events to set the number of rooms contracted for each night. If you don't have any history from previous events, estimate ½ of the attendees to sleep in the hotel on the largest night and ask the hotel to advise you for the rest of the nights).*

Date	Date	Peak Night Date	Date	Date	Total

Room Rate Must Be No More Than:

**Function Space and F & B Requirements**

*(Provide a previous conference program or the expected schedule of events for this meeting.)*

**Concessions Desired**

Guest Rooms: *(Standard request is one complimentary room night for each 40 room nights sold, and one upgrade for a conference VIP.)*

Other: *(Consider requesting no meeting space rental fees, reduced internet costs in the meeting space, or discounted audio visual rental fees.)*

#### **IV. Proposal Specifications**

Direct all questions and requests for additional information regarding this RFP to the contact person designated in Section I (Contact Information).

##### **Decision Making Process:**

Final Decision Maker (*Name & Role*): \_\_\_\_\_

There will be a preliminary cut with a second review of finalists:  Yes  No

Timeline:

Proposal Deadline:

Decision Date:

Approximate Date of Site Inspection (if required):

Number of Site Inspection Attendees (if required):

##### **Key Decision Factors:**

*(Explain what factors are most important in the decision-making process. For example, is guestroom rate the most important, or is the location more important?)*

##### **Required Information**

*(What information must you see in the hotel's response based on your key decision factors? These are some suggestions.)*

Standard sales kit for the facility

Insurance Requirements

Exclusive and/or Preferred Vendor List

Parking Fees

Fitness center in the building?

Internet access and fees

Shipping and receiving fees

Union/non-union hotel?