

# REQUEST FOR INFORMATION EVENTS, CONFERENCES, AND MEETINGS

## 1. HOSTING ORGANIZATION INFO:

- Name of Company: \_\_\_\_\_  
Requestor Name: \_\_\_\_\_ Phone No. \_\_\_\_\_
- Name of Event/Meeting, etc.: \_\_\_\_\_
- Type of meeting (annual, sales, managers conf., user conference, seminars, presidents club, etc.) \_\_\_\_\_

## 2. FIRST CHOICE DATES: Proposed \_\_\_\_\_ Confirmed \_\_\_\_\_

- Meeting Dates: \_\_\_\_\_
- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## SECOND CHOICE DATES: Proposed \_\_\_\_\_ Confirmed \_\_\_\_\_

- Meeting Dates: \_\_\_\_\_
- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## THIRD CHOICE DATES: Proposed \_\_\_\_\_ Confirmed \_\_\_\_\_

- Meeting Dates: \_\_\_\_\_
- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## 3. PROPOSED MEETING SITES:

- Proposed Site: \_\_\_\_\_
- Contact Person \_\_\_\_\_ Title: \_\_\_\_\_
- Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- Address: \_\_\_\_\_

- Proposed Site: \_\_\_\_\_
- Contact Person \_\_\_\_\_ Title: \_\_\_\_\_
- Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- Address: \_\_\_\_\_

- Proposed Site: \_\_\_\_\_
- Contact Person \_\_\_\_\_ Title: \_\_\_\_\_
- Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- Address: \_\_\_\_\_

# REQUEST FOR INFORMATION EVENTS, CONFERENCES, AND MEETINGS

## 4. PROPOSAL PROCESS & FACILITY INFORMATION REQUIRED:

Date proposal/response needed by: \_\_\_\_\_

Proposal Package to include: banquet menus, a/v rate sheets, labor charges, floor plans

Date decision will be made: \_\_\_\_\_

Frequency of "Emergency Training" \_\_\_\_\_ Last done \_\_\_\_\_

Closest Emergency Response Unit \_\_\_\_\_

Are there other events or programs are taking place at the same time? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, Company and Type of Event \_\_\_\_\_

Dates of co-location Event \_\_\_\_\_

## 5. PROFILE OF COMPANY ATTENDANCE:

- Senior Management \_\_\_\_\_

- Middle Management \_\_\_\_\_

- Companions \_\_\_\_\_

- Speakers \_\_\_\_\_

- Who else? \_\_\_\_\_

- **Total Number of attendees** \_\_\_\_\_

- **Total Number of attendees needing sleeping rooms** \_\_\_\_\_

## 6. PURPOSE OF EVENT:

- Purpose of Event \_\_\_\_\_

- What is the goal \_\_\_\_\_

- What is the objective \_\_\_\_\_

- Is there a meeting theme/focus? \_\_\_\_\_

- What will theme mean to attendees? \_\_\_\_\_

## 7. AGENDA

- Is there a proposed or formal agenda? \_\_\_\_\_ If yes, include \_\_\_\_\_

### MEETING ROOM STYLES THAT WILL BE USED:

\_\_\_ **Theatre style:** recommended only if attendees do not need to take notes.

\_\_\_ **Classroom style:** good for large meetings, taking notes.

\_\_\_ **Hollow square:** does not support AV and only seat 20 to 40 people well.

\_\_\_ **Conference style:** good for board meetings and effective for up to 20 peo.

\_\_\_ **U-shaped:** recommended for workshops of fewer than 45 people.

\_\_\_ **Clusters or rounds:** support group discussion.

# REQUEST FOR INFORMATION EVENTS, CONFERENCES, AND MEETINGS

## MEETING ROOM FACTORS:

Rental Fee *scaled to rooming list?	Screens
Dimensions	Storage Rooms
Capacities	Computer/Internet Access
Lighting	ADA compliance
Windows	Restrooms (#, location)
Doorways	Telephones (#, location)
Air Walls/Soundproofing	Electrical
Columns	Freight Access

## POINTS OF DISCUSSION:

*When selecting function rooms, consider your AV requirements (pillars/i.e. visual obstructions), ceiling height, front or rear screen projection (and required number of feet for rear-screen projection), traffic (inside and out), soundproofing, lighting controls and heat/ventilation control.*

## 8. PRELIMINARY MEETING SPACE REQUIREMENTS:

- No. of Meeting Rooms \_\_\_\_\_
- Exhibit Room \_\_\_\_\_
- General Session \_\_\_\_\_
- Registration Area \_\_\_\_\_
- Message Center \_\_\_\_\_
- Co Office Room \_\_\_\_\_
- Storage Space \_\_\_\_\_
- Meal Function Rooms \_\_\_\_\_
- Speaker Ready Room \_\_\_\_\_
- Est. attendance for each session? \_\_\_\_\_
- Refreshment Break designated areas close to meeting rooms \_\_\_\_\_

**What formula does the property use in determining comp room allocation. Is it based on total room nights used or total rooms committed.)**

- How many complementary rooms: \_\_\_\_\_
- How many complementary suites \_\_\_\_\_
- Is Meeting Room Rental Fee Waived? \_\_\_\_\_

# REQUEST FOR INFORMATION EVENTS, CONFERENCES, AND MEETINGS

## 9. MEAL FUNCTIONS

### FOOD & BEVERAGE REQUIREMENTS:

	Cont. Bkfst	A.M. Break	Lunch	P.M. Break	Reception	Dinner
<b>Sunday</b>						
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						

### APPROXIMATE PRICING

- Breakfast \$ \_\_\_\_\_/person
- Lunch \$ \_\_\_\_\_/person
- A.M. Break \$ \_\_\_\_\_/person
- P.M. Break \$ \_\_\_\_\_/person
- Reception \$ \_\_\_\_\_/person
- Dinner \$ \_\_\_\_\_/person
- Tax \_\_\_\_\_ %
- Service Charge \_\_\_\_\_ %

## 10. AUDIO/VISUAL REQUIREMENTS: (see separate checklist)

- Primary Contact Person on Site: \_\_\_\_\_
- Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- Address: \_\_\_\_\_

## 11. GENERAL GUEST ROOM ACCOMMODATIONS:

- Total No. of Sleeping Rooms \_\_\_\_\_
- Singles: \_\_\_\_\_ Doubles : \_\_\_\_\_
- No. of Suites: \_\_\_\_\_
- No. of Hospitality Suites: \_\_\_\_\_
- No. of Smoking Rooms: \_\_\_\_\_

# REQUEST FOR INFORMATION EVENTS, CONFERENCES, AND MEETINGS

## 12. ADA ACCOMMODATIONS AND PROVISIONS

- Is the hotel ADA Compliant: \_\_\_\_\_
- What specific accommodations: \_\_\_\_\_
- Bathroom Setup: \_\_\_\_\_
- Closets: \_\_\_\_\_
- Clothing: \_\_\_\_\_
- Tables: \_\_\_\_\_
- Light Fixtures/Switches: \_\_\_\_\_
- Ironing Board/Iron: \_\_\_\_\_

### SLEEPING ROOM BLOCK (Proposed Check-In/Check-out Pickup)

	Date	Date	Date	Date	Date
<b>Sunday</b>	# of peo.				
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					

## 13. RECREATION

- What type of recreational activities \_\_\_\_\_
- What type of spouse/partner programs \_\_\_\_\_
- Referred Local DM Company \_\_\_\_\_
- Contact Person \_\_\_\_\_
- Tele No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- Address: \_\_\_\_\_

## 14. TRANSPORTATION:

- What does hotel provide \_\_\_\_\_
- For whom \_\_\_\_\_
- In house travel coordinator \_\_\_\_\_ Phone/Ext. \_\_\_\_\_
- Nearest Airport to Meeting Site: \_\_\_\_\_
- Distances (miles/time) from A/P to Site: \_\_\_\_\_
- Does hotel provided shuttle from A/P to site \_\_\_\_\_

## REQUEST FOR INFORMATION EVENTS, CONFERENCES, AND MEETINGS

- Best way to get from A/P to Meeting Site? \_\_\_\_\_
- Outside Destination Mgmt. Co. \_\_\_\_\_ Phone/Ext. \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- # if on-site parking spaces \_\_\_\_\_
- Valet parking \_\_\_\_\_ Cost : \_\_\_\_\_

### 15. MASTER ACCOUNTS

- Will the M/A include guest accommodations? \_\_\_\_\_
- What is not going to be included in M/A \_\_\_\_\_
- Who will have signature authority on M/A \_\_\_\_\_

### 16. FACILITIES POLICIES ON

- Early Check-In; Check-out \_\_\_\_\_
- Extended Stay Fee \_\_\_\_\_
- Contract Changes \_\_\_\_\_
- F&B guarantees \_\_\_\_\_
- Cancellation Penalty by date \_\_\_\_\_ \$ \_\_\_\_\_
- Attrition Penalty by date \_\_\_\_\_ and \_\_\_\_\_ %
- Deposit by date \_\_\_\_\_ \$ \_\_\_\_\_

### 17. HOTEL ROOM SECURITY

- Do guest rooms have deadbolts: \_\_\_\_\_
- What kind of access, key or card? \_\_\_\_\_
- Does each door have a view port \_\_\_\_\_
- Are Sliders securable? \_\_\_\_\_
- Emergency Evacuation Diagram clearly visible: \_\_\_\_\_
- ADA considerations in Evacuation Plan: \_\_\_\_\_
- What alarms are made available for hearing impaired: \_\_\_\_\_
- What is the in-house security emergency number: \_\_\_\_\_
- Wake up call response \_\_\_\_\_
- Date of last emergency training session for employees \_\_\_\_\_
- Are all security personnel trained in CPR/first aid? \_\_\_\_\_
- Insurance Provided: \_\_\_\_\_

# REQUEST FOR INFORMATION EVENTS, CONFERENCES, AND MEETINGS

## 18. AUDIO VISUAL REQUIREMENTS

- Primary Contact Person on Site: \_\_\_\_\_
- Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- Address: \_\_\_\_\_
- Does A/V Company have production services: \_\_\_\_\_
- Does A/V Company only rent equipment: \_\_\_\_\_
- Are work references available: \_\_\_\_\_

### Cost Calculation:

- Does price include setup/dismantle: \_\_\_\_\_
- Does price include rehearsals: \_\_\_\_\_
- Does price include insurance: \_\_\_\_\_
- Does price include security: \_\_\_\_\_
- Does price include labor rates: \_\_\_\_\_
- What is the cancellation policy: \_\_\_\_\_
- Who is responsible for lost/stolen equipment: \_\_\_\_\_
- Any penalty for last minute changes: \_\_\_\_\_
- Is equipment 'bank' housed on site: \_\_\_\_\_
- Can A/V Co. produce video or cassette copies: \_\_\_\_\_
- Does A/V Co. have to outsource: \_\_\_\_\_
- Videographer or Photographer: \_\_\_\_\_

### EQUIPMENT:

- |       |                              |
|-------|------------------------------|
| (\$ ) | PA System                    |
| (\$ ) | Wireless Mics                |
| (\$ ) | Special Lighting             |
| (\$ ) | Video and/or Audio recording |
| (\$ ) | Flip Charts                  |
| (\$ ) | White Boards                 |
| (\$ ) | Speakers                     |
| (\$ ) | Markers: Permanent/Dry Erase |
| (\$ ) | Pads and Pencils             |
| (\$ ) | Cork Board                   |
| (\$ ) | Walkie Talkies               |

**Subtotal**

**REQUEST FOR INFORMATION  
EVENTS, CONFERENCES,  
AND MEETINGS**

**SPECIAL NOTATIONS**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---