



Group & Meeting Request for Proposal

Program Information

Company Name:

Program Name:

Program Type: Meeting Incentive Group Other

Preferred Program Dates:

Start Date:

End Date:

Total Number of Attendees:

Program Budget:

Budget Per Person:

Preferred Cities:

Preferred Accommodations:

Metro Hotel

Airport Hotel

Resort

Cruise

Other

Is air travel required for your attendees? Yes No

If so, how many people will require air travel?

Is ground transportation required for your attendees? Yes No

Is meeting space required for your program? Yes No

Space Requirements/Comments:

Is management approval needed? Yes No *If yes, name of approving manager:*

Contact Information

Contact Name:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Please note: A research fee may apply if requesting multiple date or locations. This fee will be applied to your final booking.