

Post-Meeting Review Checklist

Review Date: _____

Meeting Name: _____ COS #: _____

Meeting Dates: _____ Location: _____

Program Manager: _____

	Checklist Items	Comments
BILLING	<input type="checkbox"/> Hotel billing on-site complete <input type="checkbox"/> Variance forms <input type="checkbox"/> Rooms grid complete <input type="checkbox"/> Transportation grid complete <input type="checkbox"/> Activity billing complete	
FEEDBACK	<input type="checkbox"/> Review evaluations completed on site <input type="checkbox"/> Client feedback/comments <input type="checkbox"/> Summary of feedback on hotel <input type="checkbox"/> Summary of feedback on DMC <input type="checkbox"/> TD evaluations completed Personal Feedback - <input type="checkbox"/> Items to improve on <input type="checkbox"/> Items that went well <input type="checkbox"/> Concerns/Comments	
FOLLOW-UP	<input type="checkbox"/> Thank you letter to client <input type="checkbox"/> Thank you letters to vendors <input type="checkbox"/> Post-con w/ Account Executive	