



CLIENT INFORMATION

Company Name: _____

Contact: _____ **Phone:** _____ **Fax** _____

PROGRAM INFORMATION

Program Name: _____

Budget Amount: _____ **Need RFP By:** _____

Type of Event: _____ **Frequency (1 Time / Annual):** _____

Group Arrival Date: _____ **Group Departure Date:** _____

Number of ROH Rooms: _____ **Number of Suites:** _____ **Total Number PAX:** _____

A/V Needs (Rear Projection, LCD, etc): _____

Meeting Space Needs (Include Breakouts): _____

List Meetings and other Special Functions (Receptions, Award Dinners, etc)

Date / Event:
Date / Event:
Date / Event:
Date / Event:
Date / Event:

List Preferred Hotels or Destinations: _____

Other Program Information: _____