



# Meeting Request Form

Account Number for Event Charges

Date Submitted \_\_\_\_\_

List only your top 4 hotel choices.

Program Administrator/Bar Staff \_\_\_\_\_

Section/Committee Name \_\_\_\_\_

Name of Function/Meeting \_\_\_\_\_

City/State Meeting to be Scheduled \_\_\_\_\_

Preferred Date \_\_\_\_\_

Preferred Hotel/Facility \_\_\_\_\_

2nd Choice of Date \_\_\_\_\_

2nd Choice of Hotel/Facility \_\_\_\_\_

3rd Choice of Date \_\_\_\_\_

3rd Choice of Hotel/Facility \_\_\_\_\_

4th Choice of Date \_\_\_\_\_

4th Choice of Hotel/Facility \_\_\_\_\_

### ACCOMMODATIONS

|       | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| Rooms |        |        |         |           |          |        |          |
| Date  |        |        |         |           |          |        |          |

Preferred Rate: \_\_\_\_\_ Low \_\_\_\_\_ High

### SCHEDULE OF EVENTS

(Attach Extra Sheet If Meeting Does Not Fit In Below Space)

| Function | Day | Date | Time | # of people | Setup |
|----------|-----|------|------|-------------|-------|
|          |     |      | -    |             |       |
|          |     |      | -    |             |       |
|          |     |      | -    |             |       |
|          |     |      | -    |             |       |
|          |     |      | -    |             |       |
|          |     |      | -    |             |       |

### SPECIAL REQUIREMENT

(Number in order of importance with 1 being most important.)

\_\_\_ Complimentary Suite

\_\_\_ Suite Upgrade at group rate

\_\_\_ Hospitality Suite

\_\_\_ Complimentary Meeting Space

\_\_\_ Complimentary Parking

\_\_\_ Discounted Parking

\_\_\_ Golf

\_\_\_ Tennis

\_\_\_ Spa

\_\_\_ Restaurants

\_\_\_ Other

### OTHER INFORMATION