

Meeting Specifications

General Information

Contact: _____ Organization: _____ Division: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Meeting History

Has this meeting been held before? _____ Date when last held (mo/yr) : _____
 City where meeting was last held: _____ Facility Used: _____

Meeting Information

Meeting Name: _____
 Meeting Dates: _____ Alternate Date(s): _____
 City: _____ Preferred Facility(s): _____
 Number of Attendees: _____ Profile of Attendees (state employees?): _____

Sleeping Room Information

Registration Type: _____ Billing: _____ Rate Preferred: _____
(Will a rooming list be provided or individual registration?) (Individual or Central Bill Agency?)

Sleeping Rooms:	Date: _____	# of Rooms: _____	Type (single/double): _____
	Date: _____	# of Rooms: _____	Type (single/double): _____
	Date: _____	# of Rooms: _____	Type (single/double): _____
	Date: _____	# of Rooms: _____	Type (single/double): _____

Meeting Room(s) Please give DETAILED information for ALL rooms needed.

Date	Start/End Time	Function	# of People	Seating Style	Misc. Needs
<small>(List times for each room)</small>		<small>(General Session/# of Breakouts)</small>	<small>(List # in each room)</small>	<small>(List optional style)</small>	<small>(A/V, Headtable, etc)</small>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Will a registration table be needed? _____ Date(s): _____ Start/End Time: _____

Exhibit Information

Date	Start/End Time	Type of Exhibits	# of Exhibits
<small>(24 hour hold?)</small>		<small>(Tabletops or Booths)</small>	
_____	_____	_____	_____
_____	_____	_____	_____

Catering/Coffee Breaks

Date	Time	Function(Break/Luncheon, etc)	Food/Beverages	# to Serve
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Miscellaneous Information

What is most important? (\$80 rate, no meeting room rental, etc...) _____
 Is this a federally funded meeting? _____ Can vendors contact you? (Or prefer they call TBPC?) _____
 By what date do you hope to select a facility? _____

Comments/Special Needs: (Complimentary parking, airport transportation, ADA, etc...)
