



## **REQUEST FOR PROPOSAL**

Thank you for considering ABTS Convention Services' PCO Division for your upcoming event. Please fill out the information that follows in order for us to begin developing a proposal for your program.

### **1. CONTACT INFORMATION**

Organization Name (*no acronyms*): \_\_\_\_\_

Key Contact Person: \_\_\_\_\_

Key Contact Preferred Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Preferred Method of Communication:

Telephone

Email

Letter

Fax

Other: \_\_\_\_\_

**2. EVENT PROFILE**

Event Name: \_\_\_\_\_

Event Host Organization: \_\_\_\_\_

Event Organizer (if different from Host Organization): \_\_\_\_\_

Event Start/End Date: \_\_\_\_\_ to \_\_\_\_\_

Event Location Selected:  Yes  No

If Yes, Event Location(s):

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Market Segment:

<input type="checkbox"/> Association (International)	<input type="checkbox"/> Association (National)	<input type="checkbox"/> Association (Regional/Local)	<input type="checkbox"/> Corporate
<input type="checkbox"/> Educational	<input type="checkbox"/> Ethnic	<input type="checkbox"/> Fraternal	<input type="checkbox"/> Government
<input type="checkbox"/> Military	<input type="checkbox"/> Religious	<input type="checkbox"/> Social	

Event Type: \_\_\_\_\_

Event Status: \_\_\_\_\_

Event Frequency: \_\_\_\_\_

Event Objectives: \_\_\_\_\_

Meeting Theme: \_\_\_\_\_

**Attendee Profile**

Expected Total Event Attendance: \_\_\_\_\_

Attendee Demographics Profile: \_\_\_\_\_

Accessibility/Special Needs: \_\_\_\_\_

**Event History**

First Time Event:  Yes  No

If No, previously held:

Year: \_\_\_\_\_ Location: \_\_\_\_\_ Attendance: \_\_\_\_\_

Year: \_\_\_\_\_ Location: \_\_\_\_\_ Attendance: \_\_\_\_\_

Year: \_\_\_\_\_ Location: \_\_\_\_\_ Attendance: \_\_\_\_\_

**3. EXHIBITION INFORMATION**

The event is or includes an exhibition:  Yes  No

Number of Exhibits Expected: \_\_\_\_\_

Number of Exhibiting Companies Expected: \_\_\_\_\_

Exhibitor Demographics Profile:  
\_\_\_\_\_

Secured Exhibition Area:  Yes  No

Gross Space Required: \_\_\_\_\_

Unit of Measurement:  Square Feet  Square Meters

Net Space: \_\_\_\_\_

Unit of Measurement:  Square Feet  Square Meters

Exhibitor Kit Provided to Exhibitors:  Online  Printed  CD ROM  None  Other

Provide traffic booster information for Exhibitor Kits:  Yes  No

DMC marketing piece may be included in Exhibitor Kit:  Yes  No

Exhibitors host client dinners/events:  Yes  No

Event Profile Comments:

**4. GUEST ROOM BLOCK REQUIREMENTS**

Guest Rooms are required for this Event:  Yes  No

*If Yes,*

The following chart outlines guest room requirements for the event. It begins with the first day of attendee/staff arrival and ends with the final departure day:

	# of Guests	# of Single-Bedded Rooms Required	# of Double-Bedded Rooms Required	# of Suites Required	# of Accessible Rooms Required	Total # of Rooms & Suites Required
Day (e.g., Monday)						
Day						
Day						
<i>Repeat for additional days as necessary</i>						
Totals						

Peak Room Nights: \_\_\_\_\_ (based on history and projections)

**Room Block Specifications**

Distance from Convention Center: \_\_\_\_\_

Rates Range: from \_\_\_\_\_ to \_\_\_\_\_ (indicate currency type)

Room Rate Must Be No More Than: \_\_\_\_\_ (indicate currency type)

Reduced Staff Room Rates Required:  Yes  No

If Yes,

Number of Rooms Requiring this Rate: \_\_\_\_\_

Method of Reservations: Select All That Apply:  Rooming List  Individual Reservation

Other Guest Room Block Requirements Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. EVENT TRANSPORTATION REQUIREMENTS**

**Shuttle System**

Shuttle System is required for this Event:  Yes  No

If Yes, Use the following chart to provide specific Transportation Requirements:

Date of Service	Peak Time From	Peak Time To	# of People	Destination	Frequency of Service	Special Instructions
MM/DD/YYYY				Location(s)	<input type="checkbox"/> Continuous <input type="checkbox"/> 5 - 10 mins <input type="checkbox"/> 10 - 15 mins <input type="checkbox"/> 15 - 20 mins <input type="checkbox"/> 20 - 30 mins	Note specific requirements
MM/DD/YYYY						
MM/DD/YYYY						
MM/DD/YYYY						
Additional needs as necessary						

Demographic of participant of this activity: \_\_\_\_\_

Is transportation sponsored?  Yes  No

**6. FUNCTIONS: VENUE AND F&B REQUIREMENTS**

Function Space/Venue is required for this Event:  Yes  No

*If Yes,*

The following chart/schedule outlines function space requirements for the event.

Day & Date	Function Type	Start Time	End Time	# of Attendees	Setup	A/V Requirements*
Function 1	<input type="checkbox"/> Break <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> General Session <input type="checkbox"/> Breakout Session <input type="checkbox"/> Other:				<input type="checkbox"/> Theatre <input type="checkbox"/> Conference Style <input type="checkbox"/> U-Shaped <input type="checkbox"/> Classroom <input type="checkbox"/> Hollow Square <input type="checkbox"/> Rounds for 8 <input type="checkbox"/> Rounds for 10 <input type="checkbox"/> Reception <input type="checkbox"/> Table Top Exhibits <input type="checkbox"/> 8' x 10' Exhibits <input type="checkbox"/> 10' x 10' Exhibits <input type="checkbox"/> Other:	
	<i>Repeat for additional functions as necessary</i>					

Function Space and Audio/Visual Comments (e.g. rear screen projection needs, production requirements, etc.):

Overall Food & Beverage Budget: \_\_\_\_\_ (indicate currency type)

Includes Tax:  Yes  No

Includes Service Charges:  Yes  No

Includes Gratuity:  Yes  No

Other Function Space and Food & Beverage Requirements Comments: \_\_\_\_\_

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**7. ENTERTAINMENT**

Entertainment Services are required for this Event:  Yes  No

*If Yes,*

Use the following chart to provide specific Entertainment Requirements:

	Entertainment Need #1	Entertainment Need #2	Additional Needs as Necessary
Day/Date			
Start Time			
End Time			
Expected Attendance (#)			
Location - Facility			
Location - Room			
Attendee Demographic			
Event Objective			
Event Description	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both	
Theme	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Budget	\$	\$	

**8. DINE AROUND REQUIREMENTS**

Dine-Around Services are required for this Event:  Yes  No

*If Yes,* Use the following chart to provide specific Dine-Around Requirements:

	Dine Around
Day/Date	
Start Time	
Expected Attendance (#)	
Number of Restaurants	\$\$\$\$_____ \$\$\$_____ \$\$_____
Transportation	<input type="checkbox"/> Motorcoach <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Other
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Menu	<input type="checkbox"/> Pre-Select <input type="checkbox"/> Limited Menu <input type="checkbox"/> Full Menu
Target Budget	\$

Guarantee will be provided by Event Organizer:  Yes  No

### 9. EVENT BUDGET

Estimating Overall Event Budget: \_\_\_\_\_

Source of Event Budget (select all that apply):

- Organizational budget
- Sponsorship
- Registration fees
- Exhibitor fees
- Hotel Commissions

Is the event expected to:

- Generate a profit for organization
- Break even
- Generate no profit

### 10. SERVICES DESIRED

Please select from the following list all services which you would like ABTS to provide expertise and services as a Professional Congress Organizer.

#### **Meetings Strategy**

- Goals & Objectives Planning
- Meeting Design
- Evaluation Services
- Return on Investment (ROI) Analysis
- Core PCO Services (Secretariat)
- Budgeting/Financial Management

#### **Planning & Development**

- Site/Venue Selection
- Hotel Negotiation & Contracting
- Audio-Visual Production/Services
- Food & Beverage Planning
- Sponsorship
- Event Marketing & Promotional Support



**Coordination**

- Logistical Support & Coordination
- Abstract Management
- CME Accreditation Services
- Content Management
- Exhibition Services
- Housing Support Services
- Registration Services
- Speaker Management

**Information Technology**

- Website Development
- Lead Retrieval
- Attendee Tracking Systems

**Ancillary Programming**

- Ancillary Events
- Ground Services
- Tours and Social Programs
- Special Events

**Global Marketing Services**

- Branded Sales & Marketing Campaigns
- Multi-Media Marketing Development
- Web-based Marketing Strategies

**11. PROPOSAL SPECIFICATIONS**

The RFP issuer expects that all work will be performed in a professional manner. All information provided in this RFP is proprietary for this purpose only. Information cannot be released without written permission from the contact person named in Section I.

**RFP Distribution List:**

To which companies is this RFP for Destination Management Services being distributed:

\_\_\_\_\_

\_\_\_\_\_

Preferred Format of Proposal:

Electronic                      How many copies? \_\_\_\_\_

Email address:                      \_\_\_\_\_

Print                                      How many copies? \_\_\_\_\_

Mailing address:                      \_\_\_\_\_



**Decision Making Process:**

Final Decision Maker (Name & Role): \_\_\_\_\_

Number of people on the selection committee: \_\_\_\_\_

Number of hard copy presentations required with submittal: \_\_\_\_\_

There will be a preliminary cut with a second review of finalists:  Yes  No

**Timeline:**

RFP Published Date: \_\_\_\_\_

RFP Distribution Date: \_\_\_\_\_

Proposal Due Date and Time: \_\_\_\_\_

Preliminary Cut Date: \_\_\_\_\_

Decision Date: \_\_\_\_\_

**Key Decision Factors:**

Selection is based on the following criteria, rated by how they will play a role in proposal evaluation (1 is critical, 3 is important, and 5 minimally important):

Decision Factor	Rating
Ability of vendor to provide high level of service	
Creativity	
Information provided in the response to the RFP	
Proposal in the response to the RFP is in the proper sequence	
Overall cost of service	
Recommendations from previous and existing clients	
Other:	

**12. PCO COMPANY PROFILE**

Company Name: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Web Site: \_\_\_\_\_

**Primary Sales Contact:**

Full Name:  
Job Title:  
Employer:  
Mailing Address Line  
1:  
City:  
State/Province:  
Zip/Postal Code:  
Country:  
Phone:  
Fax:  
Mobile Phone:  
E-mail Address:

**Experience:**

For how many events of similar size and scope as the one described in this RFP has the company provided services in the past three years? \_\_\_\_\_

When was the company founded? \_\_\_\_\_ (year)

What is the company's scope of services? \_\_\_\_\_

Describe the company's working relationship with the facility selected for this event (i.e., Are you the preferred vendor? How many events and of what type have you serviced there?).

**Response to Requirements:**

The company can meet the event's specific staffing requirements with its own staff:

Yes  No

If No, supplemental staff is supplied by: \_\_\_\_\_

The company can meet the meet and greet requirements outlined in the RFP:

Yes  No                      Comments: \_\_\_\_\_

The company can meet the transportation requirements outlined in the RFP:

Yes  No                      Comments: \_\_\_\_\_

The company can meet the entertainment system requirements outlined in the RFP:

Yes  No                      Comments: \_\_\_\_\_

The company can meet the dine-around requirements outlined in the RFP:

Yes  No                      Comments: \_\_\_\_\_

