



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: _____

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: _____

