



REQUEST FOR PROPOSAL

Contact Information

First Name			
Last Name			
Address			
City			
E-mail:			
Phone Number:		Mobile:	
Fax Number:			

General Information

Name of Group			
Facilitator Name			
Date/s Required		Time:	
No. of Attendees			
Room Set-up	<input type="checkbox"/> classroom style <input type="checkbox"/> boardroom <input type="checkbox"/> U-shape <input type="checkbox"/> Theater <input type="checkbox"/> other		

Room Information (if required)

Number of rooms:			
Room Types:	<input type="checkbox"/> Twin share (2 pax)		<input type="checkbox"/> Single
Arrival Date:			
Last Departure:			
Guests Name List:			
Payment method	<input type="checkbox"/> Guest paying individually		<input type="checkbox"/> Charge back to Company

Billing / Accounts Information (if different from above)

Contact person			
Phone Number			
E-mail			

Catering Requirement

- Coffee & Tea on Arrival
- Morning Tea
- Lunch
- Afternoon tea
- Dinner

Special Dietary Requirements:

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