

BATTLEFORDS TOURISM AND CONVENTION ASSOCIATION

REQUEST FOR PROPOSALS

The following information is provided to all hoteliers within the Association for completion and submission to:

(name and mailing address)

By _____ (Date)

Group or Company Name _____

Event Dates (Preferred) _____

(Alternate) _____

Contact Information: _____
(for additional input) _____
(if required) _____

ACCOMMODATION REQUIREMENTS

Rooms Required _____

Note Special Needs _____

Note Particulars _____
(i.e. Smoking, Non-Smoking)
(Hospitality)

Meal Service Breakfast _____

Lunch _____

Dinner _____

Banquet Required _____

Meeting Requirements

No. of Delegates Anticipated
& Room Layout Expected

Equipment Required

Anticipated Companions

Expectations (tours, etc.)

Additional Requirements
(Please list)

Tradeshow Requirements

Additional Requirements
