

Site Inspection Checklist

Site inspection date _____

Completed by _____

MEETING

Group _____

Address _____

City _____ State _____ Zip Code _____

Meeting Name _____

Type of Meeting? Convention Conference/Seminar

Professional/Business Committee/Board Incentive Trade Show

Special Event Other _____

Meeting Date(s) including Day(s) _____

Date(s) flexible? Yes No If yes, alternative date(s) _____

Day pattern flexible? Yes No If yes, alternative pattern _____

Meeting Planner _____

Planner's Company _____

Planner's Address _____

City _____ State _____ Zip Code _____

Planner's Phone _____ FAX _____

Planner's E-mail _____

SITE

Site Name _____

Site Address _____

City _____ State _____ Zip Code _____

Phone _____ FAX _____

Sales Contact Name _____ Title _____

Contact's Direct Phone Number _____

Contact's E-mail _____

Site Website _____

Airport(s) & Distance from the Site _____

Complimentary Transportation Yes No Taxi Fare \$ _____

Type of site? Hotel Resort Downtown Airport Conference Center

Restaurant/Banquet Other _____

Hotel attached? Yes No If yes, how many sleeping rooms? _____

How many suites? _____ Non-Smoking Rooms _____

Number of Restaurants _____ Numbers of Pubs/Lounges _____

Construction Planned Yes No If yes, what type and when? _____

Is hotel ADA compliant? Yes No If no, why not? _____

Rack Rate Single \$ _____ Double? _____

Group Rate Single \$ _____ Double? _____

Complimentary Rooms _____ per _____

Room Tax _____ %

Rooms needed per day:

Day: _____ Number of Rooms _____

Day: _____ Number of Rooms _____

Day: _____ Number of Rooms _____

Day: _____ Number of Rooms _____

Day: _____ Number of Rooms _____

Day: _____ Number of Rooms _____

Day: _____ Number of Rooms _____

Day: _____ Number of Rooms _____

Cut-off date: _____ Days out _____

Rates available after cut-off date? Yes No

MEETING ROOMS

Space available on requested dates? Yes No (meeting schedule attached)

Room Rental Charge \$ _____

Set Up Charge \$ _____

Proximity to Sleeping Rooms _____

Condition/Cleanliness _____

Soundproofing _____

Décor _____

Ceiling Height _____

Lighting _____

Heating/Ventilation _____

Sound System _____

Equipment _____

Elevators _____

Public Telephones _____

Restrooms _____

FOOD & BEVERAGE

Approximate Cost for: Continental Breakfast \$ _____/person

Full Breakfast \$ _____/person

Lunch \$ _____/person

Dinner \$ _____/person
Coffee \$ _____/person
Service Charge _____% Tax _____%
Guarantees needed by _____ days Overset guarantee by _____%
Any special Meeting Packages? _____

Presentation _____
Menu Selections _____
Menu Prices _____
Creativity _____
Willing to Divert from Menu _____

AUDIO/VISUAL

In-house audio/visual company Yes No _____
Slide projector _____ Overhead projector _____
Screen _____ Labor _____

SERVICE & AMENITIES

Business Center Yes No Hours _____
Parking Yes No Cost per day _____
Fitness Center Yes No Cost _____
Other _____

FACILITY PROCESS

Cancellation Penalty by _____ \$ _____
Attrition Penalty by _____ \$ _____
Deposit by _____ \$ _____

ESTIMATED EXPENSES

Sleeping Room Expenses \$ _____
Meeting Room Expenses \$ _____
Food & Beverage Expenses \$ _____
A/V & Other Equipment \$ _____
Travel Expenses \$ _____
Other Meeting Expenses \$ _____

TOTAL EXPENSES \$ _____

NOTES

