

GROUP NEEDS SURVEY

Please provide the requested information two weeks in advance of your arrival. Don't hesitate to give us a call if you have any questions regarding this form. We will be happy to assist you. Thank you for your cooperation.

(The survey is in table form. You can tab to each subject for ease of completion.)

1. Conference Name: _____
2. On Site Conference Coordinator: _____
3. DATE first meeting convenes: _____ Time: _____
4. DATE final meeting adjourns: _____ Time: _____
5. Please indicate your billing information

BILL TO ADDRESS;

Non-State agency invoice.

Please provide an updated copy of your tax exempt status annually.

Number of single rooms requested: (*Availability may be limited*) Men _____ Women _____

7. How many participants will require lodging the night before your scheduled arrival?
(*Availability may be limited & may require changing rooms.*) _____
8. Are you pre-assigning guestrooms? Yes _____ No _____ **If yes, provide guest room list**
9. Are you pre-assigning roommates? Yes _____ No _____ **If yes, provide roommate list**
10. Please describe any barrier-free facilities that may be required.

Please indicate number of meeting rooms needed. Please include dates and times of additional meeting spaces.

11. Please check your desired room/furniture arrangement for general sessions.
_____ Classroom _____ Boardroom _____ Theater _____ U-Shape

Other (please describe) _____

12. Please show meeting rooms required and listed in the table below. You can insert rows by highlighting existing rows, put the cursor on the highlighted rows, click the right mouse button and select "insert rows." Please one line for each meeting room..

<i>Date</i>	<i>Start Time</i>	<i>End time</i>	<i># of Chairs</i>	<i>Audio-Visual Needs</i>	<i>Furniture Arrangement</i>

13. Would your group like a bar set up? Yes _____ No _____
 Please indicate dates and times in the table below.

<i>Date</i>	<i>Time</i>

14. Would your group like a bonfire set up? _____ Please indicate dates & times. _____

15 Please provide the number of participants that: do not eat meat, or animal by products.

Please describe other special diet needs.

Please list any other special arrangements.

To insure your conference success, please return this completed form & a copy of your agenda two weeks prior to your event.