



Destinations *link* Hospitality LLC

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Request for Proposal

✦ Contact Information

Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Email: _____

State: _____ Zip Code: _____

✦ Meeting Information

Group Name: _____ Meeting Name: _____

Dates: _____

Are your dates flexible? Yes No Alternate Dates: _____

Please list geographic area(s) where you would like the meeting held:

US: _____ International: _____

Type of property: Resort Downtown Conference Center Airport

Hotel Features: Golf Spa Internet Access Business Center Wi-Fi

Level of Hotel: 5 Star 4 Star 3 Star

Room Block:

Day							
Date							
Single							
Double							
Suites							
Sub Total							

Meeting space needs (You may also fax us your own detailed spec sheet):

◆ General Session: _____ min. sq. ft.

Setup: Conference Style U-Shape Theater School Room Other: _____

◆ Breakout 1: _____ min. sq. ft.

Setup: Conference Style U-Shape Theater School Room Other: _____

◆ Breakout 2: _____ min. sq. ft.

Setup: Conference Style U-Shape Theater School Room Other: _____

F&B Agenda:

◆ Breakfast: Day 1 Day 2 Day 3

◆ Lunch: Day 1 Day 2 Day 3

◆ Dinner: Day 1 Day 2 Day 3

◆ AM/PM Break : Day 1 Day 2 Day 3

✦ Additional Information

Best way and time to contact:

Phone E-mail

Morning Afternoon

Other information:

✦ *Destinations Link Hospitality looks forward to responding to your request with great options!*