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New Meeting Request Form

Thank you for choosing HelmsBriscoe! To help us get started, please fill out as many details as possible for your meeting or event below and return this document to your HelmsBriscoe representative. We look forward to working with you!

Requester Information	
Organization Name	
Contact Name & Title	
Email	
Phone Number	
Fax Number	
Country	

Meeting / Event Information	
Meeting Name	
Dates	Check-in: Check-out: Alternate dates: Flexible dates? ☐ Yes ☐ **No**
Destinations	First Choice: Second Choice: Third Choice: Search all? ☐ Yes ☐ No
Estimated # Attendees	
Room Rate (budget per night)	
Contract Signer / Contract City	

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Hotel Preferences

Preferred Star Rating: Other

Preferred Property Type: Other

Max distance from airport:

Preferred Hotel Brand/s:

Event Needs

Sleeping Rooms? ☐ Yes ☐ No Meeting Space? ☐ Yes ☐ No

Food & Beverage? ☐ Yes ☐ No

Audio/Visual Requirements:

☐ Internet ☐ Sound ☐ LCD Panel ☐ Microphone ☐ Stage ☐ Telephone

☐ Onsite Technician ☐ Projector ☐ Walkie Talkie ☐ Screen ☐ Rear Screen

☐ TV/DVD/VCR ☐ Pens & Pads ☐ Flip Charts ☐ Special Lighting

Other:

Recreational Activities?

☐ Beach ☐ Bicycling ☐ Boating ☐ Fishing ☐ Fitness Center ☐ Golf

☐ Horseback Riding ☐ Nature Walks ☐ Skiing ☐ Spa ☐ Swimming ☐ Team Building

☐ Tennis ☐ Tours

Other:

Hotel Room Block

Reservation Method? Individual Call-In

Date	Singles	Doubles	Suites	Staff	Other	TOTAL
00/00/0000	0	0	0	0	0	0
00/00/0000	0	0	0	0	0	0
00/00/0000	0	0	0	0	0	0
00/00/0000	0	0	0	0	0	0
00/00/0000	0	0	0	0	0	0
00/00/0000	0	0	0	0	0	0
00/00/0000	0	0	0	0	0	0
					TOTAL	0

Additional Notes:

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Meeting Agenda

Date	Start Time	End Time	# Attendees	Function	Setup	24-Hour Hold
00/00/0000					Other	☐
00/00/0000					Other	☐
00/00/0000					Other	☐
00/00/0000					Other	☐
00/00/0000					Other	☐
00/00/0000					Other	☐
00/00/0000					Other	☐

Additional Notes:

Billing Method

	Room & Tax	Meeting Costs	F&B	Incidentals	Gratuities	Recreation
Master Account	☐	☐	☐	☐	☐	☐
Individual Account	☐	☐	☐	☐	☐	☐

Final Notes/ Comments