

REQUEST FOR PROPOSAL

Dear Customer:

Whether you are planning a major event or a small meeting of a key people, please fill out the information below and submit this REQUEST FOR PROPOSAL either on-line or by e-mail info@perfectmeeting.hr or fax 00385-1-4832-330. We do all the legwork for you and this service is free to corporate planners and meeting & incentive professionals. Thank you for your trust!

EVENT NAME	
EVENT ORGANISER (company, institution, organisation)	
PERSON IN CHARGE	
ADDRESS	
TELEPHONE	
FAX	
E-MAIL	
DESTINATION (CITY)	
ALTERNATE DESTINATION (CITY)	
VENUE (HOTEL OR OTHER)	
ARRIVAL DATE	
DEPARTURE DATE	
WORKING DAYS DATES	
ALTERNATE DATES	
ESTIMATED NUMBER OF ATTENDEES	
HOTEL BEDROOMS RESERVATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOTEL – 5*****	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOTEL – 4****	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOTEL – 3***	<input type="checkbox"/> YES <input type="checkbox"/> NO
ROOM TYPE	<input type="checkbox"/> SINGLES <input type="checkbox"/> DOUBLES
ACCOMMODATION BASED ON	<input type="checkbox"/> BED & BREAKFAST <input type="checkbox"/> HALF BOARD <input type="checkbox"/> FULL BOARD
MEETING SPACE REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAIN MEETING ROOM	<input type="checkbox"/> YES (seating) _____ <input type="checkbox"/> NO <input type="checkbox"/> Set-up _____

BREAKOUT MEETING ROOMS	<input type="checkbox"/> YES (seating) _____ <input type="checkbox"/> NO <input type="checkbox"/> How many rooms _____ <input type="checkbox"/> Rooms set-up _____
AUDIO-VISUAL EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
SOUND SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO
WIRELESS MICROPHONES	<input type="checkbox"/> YES <input type="checkbox"/> NO
INTERNET CONNECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
LAPTOP	<input type="checkbox"/> YES (how many) _____ <input type="checkbox"/> NO
LCD PROJECTOR (BEAMER)	<input type="checkbox"/> YES (how many) _____ <input type="checkbox"/> NO
LASER POINTER	<input type="checkbox"/> YES (how many) _____ <input type="checkbox"/> NO
OTHER AV EQUIPMENT	<input type="checkbox"/> Specify _____
SIMULTANEOUS TRANSLATION	<input type="checkbox"/> YES <input type="checkbox"/> NO headphones # _____ languages # _____
POSTER STANDS	<input type="checkbox"/> YES (how many posters) _____ <input type="checkbox"/> NO
EXHIBITION SPACE	<input type="checkbox"/> YES (sq.m.) _____ <input type="checkbox"/> NO
WELCOME COCKTAIL	<input type="checkbox"/> YES <input type="checkbox"/> NO
COFFEE BREAKS	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS LUNCHES	<input type="checkbox"/> YES <input type="checkbox"/> NO
GALA DINNER	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEET & GREET SERVICE & AIRPORT TRANSFERS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY TOUR	<input type="checkbox"/> YES <input type="checkbox"/> NO
EXCURSIONS	- half day <input type="checkbox"/> YES <input type="checkbox"/> NO - full day w/lunch <input type="checkbox"/> YES <input type="checkbox"/> NO - full day no lunch <input type="checkbox"/> YES <input type="checkbox"/> NO
ANY BUDGET RESTRICTIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, GIVE ESTIMATE BUDGET FIGURES	
DEADLINE TO RECEIVE THE PROPOSAL	
ADDITIONAL PROMOTIONAL AIDS REQUIRED	
ESTIMATE DECISION-MAKING DATE	
OTHER (please specify)	

We collect, process, and use your data and personal information only to administer your request according to our [Privacy Policy](#) harmonised with GDPR.