



Joining Forces to Deliver Outstanding Vacation Services

Conference Committee Conference Site Application/Proposal

THIS APPLICATION MUST BE SUBMITTED TO THE CONFERENCE COMMITTEE BY July 15th FOR SPRING LOCATIONS AND January 15th, FOR FALL LOCATIONS - EIGHTEEN MONTHS PRIOR TO THE CONFERENCE.

Proposal Submitted by: _____ Phone #: _____

E-Mail Address: _____ Fax #: _____

Proposed Conference Site: _____
(City, State, Country)

Name of Resort / Hotel: _____

Address: _____

Resort Contact: _____ Phone #: _____

E-mail Address: _____ Fax #: _____

Web Site Address: _____

Proposed Dates: _____ Alternate Dates: _____

Are the Proposed rates on hold? **Yes No**

Dates are on hold until what date? _____

Should this site be selected as a finalist for conference consideration, rates will need to be held for C.A.R.E. until the Membership makes its final decision.

Nearest Major Airport to Conference Site: _____

Distance of Airport to Conference Site: _____

Rental Car Recommended? **Yes No**

Shuttle Service by Resort? **Yes No**

If yes, is there a fee for this service? **Yes No**

What is the rate Roundtrip vs. one way: \$ _____

Note any applicable fees: _____

What is the amount of the deposit? _____ When is the deposit expected? _____

What is the deposit due schedule? _____

If your proposal is accepted as one of the finalists to be voted on by Membership, a sample contract should be submitted to the Conference Committee.

RESORT AMENITIES

On-site Restaurant (serves breakfast, lunch and dinner) Lounge Café Game Room
Golf Convenience Store Bellman Service Concierge Service Indoor Pool
Outdoor Pool Exercise Facilities Business Center (**Circle All that Apply**)
Other _____

Number of Guest Rooms in Hotel: Standard _____ Studio/Suite _____ One Bedroom _____
Number of Hotel Double Occupancy (2 Queen Beds) _____
Number of Hotel Single Occupancy (King Beds) _____
Two Bedroom _____ Other _____

Restaurant Days and Hours of Operation: _____

Lounge Capacity and Days and Hours of Operation:

Attractions/ Amenities within walking distance: _____

Room Size	Bedding	In Unit Amenities	Price Range Single/Double
Hotel	_____	_____	\$ _____
Studio	_____	_____	\$ _____
1 bedroom	_____	_____	\$ _____
2 bedroom	_____	_____	\$ _____

Additional In-Room Amenities _____

Minimum Room Block Required: **Yes No** How many? _____

CARE needs to be able to have access to the following block space for Conference Proposals:
Saturday, Sunday, Monday = 55 per night _____

Thursday = 12 per night _____ Friday =25 per night _____ Tuesday=03 per night _____

Many of our members stay extra days at the beginning or end of the conference. Are the group rates honored at least 3 days prior and 3 days after the scheduled conference dates? **Yes No**

Units available for exchange? **Yes No**

How many complimentary room blocks will be provided for each _____ rooms blocked? _____

Room Block cut-off date will be _____

Why do you think this is a good location for a C.A.R.E Conference? _____

ADDITIONAL CHARGES

What are the charges for internet connection in guest rooms?

What are the charges for internet connection in Meeting space?

What are the resort/hotel parking charges?

What are the banquet service charges? _____

What taxes are added to room charges? _____

Are there additional charges? _____ if yes, please explain what the charges are for and the amount:

CONFERENCE FACILITIES

Meeting space to accommodate minimum of 100 attendees? **Yes No**
(Please include floor plans of meeting areas)
(Please note, average CARE attendance is 100-150)

Are “break-out” rooms available? **Yes No** Seating maximum _____

Audio/Visual equipment available through resort? **Yes No**
Is the Audio Visual available through an AV Department or Banquet Staff?
(Please include rental price list for AV equipment)

Is Audio Visual tech support available during the conference? **Yes No**
If yes, what is the cost? _____

Are there any charges for meeting space? **Yes No**

If so, what are the charges? _____

Can meeting space fees be waived? **Yes No**

If so, how? _____

Are the meeting and the dining areas separate? _____

What is the room attrition policy?

Can this be negotiated? I.E. Specific charges for meeting costs would be charged instead of paying for unused rooms? _____

Does your hotel/resort recycle? **Yes No**

Are recycling bins located in meeting rooms or general spaces? **Yes No**

How can your hotel/resort help C.A.R.E. go green? _____

CATERING FUNCTIONS

Please provide sample menus with prices –attach to this proposal.

C.A.R.E. normally holds the following catered functions at the conference site:

- Opening Dinner/Cocktail Party (Saturday evening)
- Sunday Breakfast Function
- Sunday & Monday Lunch Functions
- Sunday Night Dinner/Entertainment Function

Average Pricing: Breakfast \$_____ to _____ Lunch \$ _____ to _____ Dinner \$_____ to _____
(Please provide a price range showing minimum to maximum)

MISCELLANEOUS

C.A.R.E. requires an “office” for use by our Administrative Assistant and CARE Board Members. This should be conveniently located near the main meeting area and we should be able to store items needed for the conference. This should be available from Friday afternoon before the conference until Tuesday morning. We usually try to have access to this room at “no charge”. It may be the complimentary room we receive based on our room block.

Complimentary space provided for CARE office space: YES NO _____

A room or area is usually provided for the Product Display Showcase (C.A.R.E. Marketplace) that is held during each conference. This should accommodate **at least 15** - six foot tables and have computer hook up capabilities. This should also be in a location that is convenient to the meeting area and registration areas.. Please note any additional charges for this room (i.e. meeting space charge, computer hook-up charges).

Marketplace Fees and Notes: _____

Recent Conference Client References:

1) Organization: _____
Size of Group: _____
Date of Event: _____

2) Organization: _____
Size of Group: _____
Date of Event: _____

3) Organization: _____
Size of Group: _____
Date of Event: _____

How many years has this facility provided banquet events? _____

What is the size (number of attendees) of your average event? _____

Additional Information:

THANK YOU FOR YOUR PROMPT RESPONSE!

Please attach any additional information that may be helpful in giving the Conference Committee complete information regarding the proposed conference location. Final decisions will be voted on by our Membership, you will be notified as soon as possible.