

Request for Proposal

Please send any relevant files along with this form to info@constellationhospitality.com

Contact information

Title

First name*

Last name*

Organisation name*

Address*

City

State/province

Postal code*

Country

Email address*

Telephone contact*

Event details

Event name

Event type*

Start date

End date

Expected number of attendees

Hotel(s), destination(s) interested in

Accessibility special needs

Accommodation

Type of guest rooms required

No. of guest rooms needed

Budget requirements

Additional requirements

Total number of guest rooms per night:

Approx. date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approx. number of rooms needed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approx. number of suites needed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>