



AMR

ASSOCIATION MANAGEMENT RESOURCES

ANN ARBOR | LANSING, MICHIGAN

PROVIDING SOLUTIONS THAT WORK

EVENT SERVICES

A Guide for the Development of a

REQUEST FOR PROPOSAL (RFP)

*for Event Services
from Association Management Resources (AMR)*

This guide was developed by Association Management Resources
Ann Arbor and Okemos, Michigan

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ORGANIZATION AND CONTACT PERSON:

Organization Name: _____

Acronym: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Telephone: () _____ Fax: () _____

Association Website Address: _____

Contact Person: _____

Title: _____

Telephone: () _____ Email: _____

(Provide the following information if different than above)

Address 1: _____

Address 2: _____

City/State/Zip: _____

Telephone: () _____ Fax: () _____

DELIVERY OF PROPOSAL:

Intention to Bid Deadline: _____
Month Day Year

Proposal Submission Deadline: _____
Month Day Year

Proposal Delivery Options *(Check those acceptable):*

U.S. Postal Service

United Parcel Service

FedEx

Fax

Email

Other: _____

Number of proposal copies required: _____

CURRENT EVENT MANAGEMENT SERVICES:

Who are you currently managed by? _____

Will current event management service provider be submitting a proposal? Yes No

Number of years with current event management company: _____

What has prompted your search? _____

When do you expect a final decision to be made (date): _____

What is the expected start date: _____

EVENT PROFILE

Event Name: _____

Event Host Organization: _____

Event Organizer (if different from Host Organization): _____

Event Start Date: _____

Event End Date: _____

Event Location Selected: Yes No

If Yes, Event Location(s):

City: _____

State/Province: _____

Country: _____

Facility Name: _____

Facility Contact Name: _____

Facility Phone: _____

Facility E-Mail Address: _____

Facility Fax: _____

EVENT PROFILE *continued*

EVENT ORGANIZER

Market Segment:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Association (International) | <input type="checkbox"/> Fraternal |
| <input type="checkbox"/> Association (National) | <input type="checkbox"/> Government |
| <input type="checkbox"/> Association (Regional, State or Local) | <input type="checkbox"/> Military |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Social |
| <input type="checkbox"/> Ethnic | |

Event Type: _____

Event Status: _____

Event Frequency: _____

Event Host Overview (*mission, philosophy, etc.*): _____

Event Objectives: _____

Meeting Theme: _____

ATTENDEE PROFILE

Expected Total Event Attendance: _____

Attendee Demographics Profile: _____

(*Include information regarding demographics, international mix of attendees, fly-in v. drive-in mix, etc.*)

Accessibility/Special Needs: _____

(*Outline any special needs for the group including special accessibility needs*)

EVENT HISTORY

First Time Event:

- Yes
 If No, attach Post Event Report (PER)

EVENT PROFILE *continued*

EVENT HISTORY *Continued*

If a PER is not available, complete the following for past occurrences:

	Event 1	Event 2	Additional Events As Necessary
Facility Name			
City, State/Province, Country			
Start Day & Date			
End Day & Date			
Total Attendance			
Hotel Block Usage			
A/V Service Provider			
List of A/V Equipment Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Event A/V Expenditure			
Exhibitor A/V Expenditure			
Post-Event Report Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Currency Type: _____

Function Schedule Attached: Yes No

Will the management services company you employ be required to attend all meetings? Yes No

Indicate the meetings where attendance is required: _____

Please check the meeting and convention services being requested by your organization:

- | | |
|--|--|
| <input type="checkbox"/> Event sponsorship solicitation | <input type="checkbox"/> Collection of fees and/or payment for service vendors |
| <input type="checkbox"/> Event marketing | <input type="checkbox"/> Publication of meeting/convention programs, proceedings, exhibitor prospectus/kit, etc. |
| <input type="checkbox"/> Meeting planning with committee or organization officer | <input type="checkbox"/> Professional development tracking/coordination |
| <input type="checkbox"/> Meeting set-up and coordination | <input type="checkbox"/> Education program development |
| <input type="checkbox"/> Meeting attendance and participation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pre-registration services | |
| <input type="checkbox"/> On-site registration services | |

EXHIBITION INFORMATION

The event is or includes an exhibition: Yes No

If yes, type of exhibition:

Public

Public/Private Combination

Private

Type of exhibits - choose all that apply:

Custom Fabricated

Portable

Modular

Other

Number of Exhibits Expected: _____

Number of Exhibiting Companies Expected: _____

Exhibitor Demographics Profile: _____

(Include information regarding demographics, industry focus, special needs, etc.)

Secured Exhibition Area: Yes No

Gross Space Required: _____

Unit of Measurement: Square Feet Square Meters

Exhibitor Prospectus/Kit Provided to Exhibitors: Online Printed CD ROM None Other

Exhibition Dates and Times:

Day/Date	Exhibition Hours	Exhibition Hours	Exhibition Hours

EXHIBITOR SCHEDULE

Move-in Begin Date: _____

Move-in End Date: _____

Move-in Begin Time: _____

Move-out Begin Date: _____

Move-out End Date: _____

Move-out End Time: _____

SERVICE CONTRACTOR SCHEDULE

Move-in Begin Date: _____

Move-in End Date: _____

Move-in Begin Time: _____

Move-out Begin Date: _____

Move-out End Date: _____

Move-out End Time: _____

GENERAL SERVICE CONTRACTOR

General Service Contractor (GSC) Selected: Yes No

If Yes,

Company Name: _____

Contact Name: _____

Contact Phone: _____

Contact E-mail Address: _____

Contact Fax: _____

GENERAL FUNCTION REQUIREMENTS:

There is a standard set for meeting rooms: Yes No

If Yes, Description: _____

Audio/Video Recording is required for one or more functions: Yes No

GENERAL FUNCTION SCHEDULE:

Day & Date	Function Type	Start Time	End Time	# of Attendees	Setup	A/V Requirements*	A/V Operator Required	24-Hour Hold Required
	<input type="checkbox"/> Break <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> General Session <input type="checkbox"/> Breakout Session <input type="checkbox"/> Other:				<input type="checkbox"/> Theatre <input type="checkbox"/> Conference Style <input type="checkbox"/> U-Shaped <input type="checkbox"/> Classroom <input type="checkbox"/> Hollow Square <input type="checkbox"/> Rounds for 8 <input type="checkbox"/> Rounds for 10 <input type="checkbox"/> Reception <input type="checkbox"/> Other:		<input type="checkbox"/> In Room <input type="checkbox"/> On Call	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Repeat for additional functions as necessary</i>							

Special Instructions: _____

GENERAL FUNCTION REQUIREMENTS *continued*

- If this event has happened before, it is helpful to add as attachments the Function Schedule from the previous year's event and a list of the AV equipment used.
- If functions require special staging, lighting and/or A/V requirements, please complete the Plenary/General section below.

Other General Function Requirements Comments: _____

PLENARY/GENERAL SESSION REQUIREMENTS:

A/V Company will manage stage set: Yes No

A separate Production Company is involved: Yes No

If Yes, Production Company Name: _____

Number of days/hours available for setup/move-in:

Days _____ Hours _____

Number of days/hours available for tear-down/move-out:

Days _____ Hours _____

Audio/Video Recording is required for one or more functions: Yes No

Rehearsals are required: Yes No

PLENARY/GENERAL SESSION REQUIREMENTS continued

PLENARY/GENERAL SESSION SCHEDULE:

Day & Date	Function Type	Start Time	End Time	# of Attendees	Setup	AV Requirements*	AV Operator Required	Speaker/Entertainment	24-Hour Hold Required
	<input type="checkbox"/> General/Plenary Session				<input type="checkbox"/> Theatre <input type="checkbox"/> Conference Style <input type="checkbox"/> U-Shaped <input type="checkbox"/> Classroom <input type="checkbox"/> Hollow Square <input type="checkbox"/> Rounds for 8 <input type="checkbox"/> Rounds for 10 <input type="checkbox"/> Reception <input type="checkbox"/> Other:		<input type="checkbox"/> In Room <input type="checkbox"/> On Call		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Repeat for additional functions as necessary</i>								

Special Instructions: _____

- If this event has happened before, it is helpful to add as attachments the Function Schedule from the previous year's event and a list of the AV equipment used.

Other Plenary/General Session Requirements Comments: _____

PLEASE INCLUDE THE FOLLOWING WITH THIS RFP:

- Annual meeting/conference/event promotional/onsite materials
- Exhibit promotional/onsite materials
- Exhibitor prospectus
- Budget/final financial report (from previous meeting)

