

REQUEST FOR PROPOSAL (RFP)

CONTACT INFO

NAME _____ TITLE _____

COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ EXT _____ FAX _____

EMAIL ADDRESS _____ WEBSITE WWW. _____

PLEASE ADD US TO YOUR MAILING LIST.

EVENT INFORMATION

EVENT NAME _____ ANNUAL SEMI- ANNUAL NEW

ORG / COMPANY _____

DATE(S) OF EVENT ____/____/____ THRU ____/____/____ ALTERNATE DATE(S) ____/____/____

EVENT TIME _____ TO _____ NUMBER OF GUESTS _____ BUDGET \$ _____

PREFERRED VENUE LOCATION _____

ADDITIONAL INFORMATION

- EVENT THEME
- DECOR/LIGHTING
- FLORAL
- MUSIC & ENTERTAINMENT
- VENUE RECOMMENDATIONS
- PROPS
- SILENT AUCTION
- BREAK-OUT MEETINGS
- OUTDOOR AREAS
- PUBLIC RELATIONS/MEDIA SUPPORT
- SPONSORSHIP/MARKETING

MENU

- BREAKFAST
- BRUNCH
- LUNCH
- DINNER
- HORS D'OEUVRES
- CELEBRITY CHEF
- CUISINE _____

PLEASE SELECT ONE OR MORE

- SIT-DOWN
- PASSED
- BUFFET
- BUFFET STATIONS
- PASSED & BUFFET

BEVERAGE SERVICE

- FULL BAR
- BEER
- WINE
- CHAMPAGNE
- HOST
- NON-HOST
- ASSORTED SOFT DRINKS/WATER
- COFFEE
- TEA

HOTEL ROOM INFORMATION

WILL ROOMS BE REQUIRED YES NO IF YES, HOW MANY _____

COMMENTS: _____

WHEN COMPLETED PLEASE FAX TO OUR OFFICE 1.866.402.7409

LOS ANGELES, CA

 818.901.1717  866.402.7409

WWW.THEFINESTEVENTS.COM