

Site Evaluation Form

Date of Evaluation: _____ Evaluated by: _____

Name of Facility: _____

Location: _____

Contact person: _____

Preferred Dates: _____ Available Dates: _____

Do preferred and/or available dates conflict with other major laboratory oriented meetings? _____
If yes,
list: _____

Exhibit Location: Hotel _____
Convention Center _____

Exhibit area location (room name) _____

Booth capacity (max #) _____ Size of booths: _____

Total square footage available for exhibits _____

Charge for Exhibit Space: Per booth _____

Flat rate _____

Does cost for exhibit area include set-up and break-down time? _____

Will exhibit area need to be vacated to set up a banquet? _____

Meeting rooms: How many? _____ Is detailed floor plan available?
If yes, attach copy.

Will there be a charge for meeting room space? _____ If yes, how much? _____

Will this number and size of meeting rooms meet the organization's needs? _____

Is there a charge for meeting room space if functions are held in the facility? _____

If yes, how much? _____

Banquet facilities: Total capacity _____

Sleeping rooms: Total _____ How many will be committed to the organization? _____

<u>Current rack rates</u>	<u>Projected rates for time of meeting</u>
Single _____	_____
Double _____	_____
Suite _____	_____

Complimentary room policy? _____ When will rates be confirmed? _____

Are other accommodations available with a two-block radius? _____

Transportation to Site:

Freeway access Excellent____ Good____ Poor____

Air Transportation Excellent____ Good____ Poor____

Ground Transportation Excellent____ Good____ Poor____

Airport to site transfer time: _____

Parking: Charge/24 hours (valet)_____ (self)_____ Validation by

hotel? _____ Other available parking? _____

_____ Charge? _____

Restaurant Facilities: Hotel – Excellent____ Good____ Poor____

Restaurants in close proximity – Excellent____ Good____ Poor____

Shopping facilities: Liquor, sundries, shopping center – Excellent____
Good____ Poor____

Miscellaneous information: _____

Recent utilization by other health organizations? _____

Name of organization _____

Contact person (name/address/phone number) _____

Impression of site:

Pro

Con

Additional remarks: _____

RECOMMENDATION: _____

If booked, any "after-convention" notes (problems, etc.): _____
