



PSAV Select Event Technology Questionnaire

Thank you for the opportunity to work with you. So that we can prepare a proposal that is customized for the unique needs of your property, please provide as much of the following information as possible.

All information within this questionnaire is considered confidential between PSAV Select and the Hotel.

HOTEL INFORMATION

Hotel Name :		
Hotel Address :		
City:	State: Choose a State	Zip:
Primary Phone:	Website Address:	
Hotel Owner Company Name :		
Hotel Management Company Name:		

CONTACT INFORMATION

General Manager Name :		
Direct Phone Number:	Email Address:	
Name of Primary Contact for this PSAV Select Inquiry:		
Direct Phone Number:	Email Address:	
Is your property's Event Technology operation currently self-operated or operated by a 3 rd party ET vendor?		
<input type="radio"/> Self-Operated	-OR-	<input type="radio"/> 3rd Party ET Vendor

3rd PARTY VENDOR INFORMATION

(Skip to the next section if there is no 3rd party vendor provider.)

Name of 3 rd Party ET Vendor Company :				
Name of Vendor Company Contact :				
Contact Phone Number :		Email Address:		
Is There A Service Contract Currently In Place? Y/N <i>* If Yes, Please provide a copy of this service contract.</i>			Contract Termination Date: Choose date.	
How Much Advance Notice is required for Termination?				
Specify Any Contract Terms That May Affect This Transaction.				
Commission Rates	Equipment Sales % :	Labor Sales %:	Service Charge %:	Other % :
How many full-time staff members does your service provider have at your hotel?				

EVENT TECHNOLOGY FINANCIAL INFORMATION

*For this section, please consider the total revenue billed to guests for Event Technology services including equipment, labor and specialty services such as internet, power, rigging, etc. If your ET department is self-operated, this is the revenue billed to guests by your property. If your ET department is operated by a 3rd party vendor, this is the total revenue billed, either by the hotel or by the 3rd party, before any commission.

(Use TAB key to advance.)

	ET Revenue \$		Service Charge \$		Total ET Revenue+SC \$		Operating Costs \$		Net ET Revenue \$
Current YTD		+		=	\$0.00	-		=	\$0.00
2017		+		=	\$0.00	-		=	\$0.00
2016		+		=	\$0.00	-		=	\$0.00

HOTEL GROUP/EVENT INFORMATION

	Total # Group Room Nights	Corporate %	Association %	Local/Regional %
Current YTD				
2017				
2016				

HOTEL EVENT SPACE

* Please provide a diagram of your hotel's meeting/event space.

* Please include any space where guest events are held including pre-function and outdoor space as well as off-property space if applicable.

Name of Event Space	Total Square Footage	Ceiling Height	Movable Partitions? Y/N	Floor / Location	Notes

EVENT TECHNOLOGY OFFICE/STORAGE

ET Office Square Footage		-OR-	Location of ET Leader Work Space	
ET Office/Workspace Provides:				
Desk Y/N	Phone Y/N	AC Power Y/N	Computer/Internet Y/N	
ET Storage #1:	Location	Square Footage	Climate Controlled Y/N	
ET Storage #2:	Location	Square Footage	Climate Controlled Y/N	
ET Storage #3:	Location	Square Footage	Climate Controlled Y/N	

AUDIOVISUAL INVENTORY

- * Please list audiovisual equipment that your hotel owns.
- * Attach a separate page if more convenient

Item	Make	Model	Year purchased	Notes

Please provide your information
(if different from contact information)

Name:

Title:

Phone:

Email:

reas