

MISSISSIPPI COAST COLISEUM CONVENTION CENTER

FAX TO: 228-594-3812

Meeting Request for proposal

Contact name: _____

Title: _____

Company/Association: _____

Name of Meeting: _____

Company or contact's address: _____

City: _____ ST: _____ Zip _____ Country: _____

E-Mail: _____ Website: _____

Phone: _____ Fax: _____

General Information

Nature of meeting: _____

Guest Room Block Information

Arrival Date: _____ Departure Date: _____ # of rooms per night _____

Singles _____ Doubles _____ Triples _____ Quads _____

Meeting Space Information

Meeting type: _____

	Date	Start Time	End time	Attendees	Set-up
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

Fill in additional meeting space information here: _____

Dates flexible? Yes ___ No ___ Alternate Dates: _____

Audio/Visual requirements _____

History (competing cities) _____

Year: _____ City: _____ Host Hotel: _____

Name of Event _____ Respond by: (select one) Phone Email Fax Mail