



Visitor & Convention Bureau

Request For Proposal Information

\* denotes required field

Group Name: \_\_\_\_\_

Group Contact Information:

Contact Name\* \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax \_\_\_\_\_ Email\* \_\_\_\_\_

How would you like the VCB to contact you?

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ US Mail \_\_\_\_\_

Would you like us to mail you a Wisconsin Dells Meeting Planner? Yes \_\_\_\_\_ No \_\_\_\_\_

Preferred Dates/Pattern: \_\_\_\_\_

Alternate Preferred Dates/Pattern: \_\_\_\_\_

No. of Attendees: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_

Guest Room Schedule:

Table with 3 columns: Day, Date, Rooms. Rows for Monday through Sunday.

