

# Request for Proposal: Let us know about your conference needs so that we can better serve you.



Program Name:

Date

How many days will your conference be?

- 1
- 2
- 3
- 4
- 5

Brief description of conference:

Will there be concurrent sessions?

YES

NO

If YES, how many **SETS** of concurrent sessions will you offer?

If YES, how many concurrent lectures will occur in each set?

Do you need us to find a venue? Please list some options of where you would like to hold your event:

Will you be including meals? YES

NO

If YES, please list the meals we should include (breakfast, break(s), lunch, dinner, faculty dinner). Please indicate the number of each for each day.

Will you require a room block YES

at a hotel?

NO

Would you like us to organize any outside activities (tours, dinners not at hosted venue, transportation etc.)?

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Number of faculty/planners who will receive honoraria/ speaker fees?

How many speakers will you be inviting?

Number of faculty/planners who will receive travel/ accommodations:

Will you invite exhibitors?

YES

NO

Target Audience (select all that apply):

Physician

Nurse

Pharmacist

Physician Assistant

Social Worker

Other

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Your name or person we should contact:

Phone Number:

E-mail address:

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Please save this form to your computer, complete, save and e-mail: [uvmcmie@med.uvm.edu](mailto:uvmcmie@med.uvm.edu)