



DEPARTMENT OF MASSACHUSETTS

CONVENTION BID PACKAGE



CONVENTION

Start Date: Thursday, _____ Finish Date: Sunday, _____ Year: _____

LOCATION

Hotel Name: _____
Address: _____ City/Town: _____
Contact Person: _____ Contact Phone: _____

ACCOMMODATIONS

Convention Rm Capacity (150 min) _____, Convention Rm Fee: yes no , \$ _____
Podium: yes no , Sound System: yes no , Projector Screen: yes no
Registration Room: yes no , Reg. Room Fee: yes no , \$ _____
Ship's Store/Dog House Room: yes no , Ship Stores Rm Fee: yes no , \$ _____
Complimentary Hospitality Room or Suite: yes no
Guest Rooms (100 min), Room \$ _____, Handicap Rms: yes no , How Many: _____
Rooms w/smoking: yes no , How Many: _____, Fridge: yes no , How Many: _____
Guest Suites (6 min), Suite \$ _____, Guest Speaker Complimentary Room: yes no
Motorized Handicap Chairs Available: yes no , How Many: _____
Restaurant on Premises: yes no , Restaurant Seating Capacity: _____
Complimentary Breakfast with Rooms: yes no , If Not Offered: Avg.\$ _____
Price For Lunch: Avg.\$ _____, Water Provided in Conference Room: yes no
Bar/Lounge on Premises: yes no , Beer Price: Avg.\$ _____, Cocktail Price: Avg.\$ _____
Miles to Nearest Hospital: _____, EMT Services: yes no , How Many Elevators: _____
Local Transportation Available: _____
Closest Airport (for speaker): _____

BANQUET

Capacity (150 min) _____, Per Meal \$ _____, Cheese/Veggy Table \$ _____
Meal Selection _____, _____, _____, Vegetarian yes no
Sound System: yes no , Sound System \$ _____, Podium Provided: yes no
Bar Provided: yes no , Bartender \$ _____, Service Fee: yes no \$ _____
Coat Room Fee: yes no \$ _____, Miscellaneous Fees: yes no \$ _____
Entertainment: yes no , Describe: _____

CONTRACT

Is There a Deposit Required: yes no , \$ _____, Deposit Due Date: _____.
When is the earliest that reservations will be accepted: Date: _____.
Cancellation Policy: _____

PERSON SUBMITTING BID

Include with this folder any: hotel brochures, draft contracts, additional information, etc.
Submit this bid to the Department Commandant or Department Convention Chairman.
Submit this bid on or before the April Dept. Meeting (2 yr. and 2 mo. before convention).

Marine's Name: _____ Contact Phone: _____
Address: _____ City/Town: _____ ZIP _____

AREA ATTRACTIONS

THURSDAY	GOLF: Cost \$ _____ , Details: _____ _____ Evening: Welcome Aboard: Location: _____ Cost \$ _____ , Meal: _____
FRIDAY	TOURS SHOPPING MORNING ACTIVITIES (08:00 – 14:00): _____ (Convention Opens 15:00) _____ _____ Evening: pre-growl Mass Pack Event: Location: _____ Cost \$ _____ , Meal: _____
SATURDAY	TOURS SHOPPING ACTIVITIES

Area Maps:

Miscellaneous Information: