



EVENTS SERVICES REQUEST FORM

▪ **COMPANY/ORGANIZATION CONTACT INFORMATION:**

Title: Mr. Mrs. Ms. Dr. Other (Please Specify): _____ Job Title/Position: _____

First Name: _____ Last Name: _____

Company/Organization Name: _____

Business/Industry Type: _____

Address: _____ P.O. Box: _____ City: _____ Postal Code: _____

Website: _____ Email: _____

Telephone: _____ Mobile: _____ Fax: _____

Preferred Contact Method / Time: _____

For Events Management Organization Only:

Clients' Name: _____

▪ **EVENT INFORMATION**

Event Title: _____

Location / Venue: _____

Date: _____ Number of Days: _____ Start Time: _____ End Time: _____

How many guests are expected: _____ Adults: Male: _____ Female: _____ Children: _____ VIP: _____

Is the event going to generate profit? Yes No Are there tickets sales? Yes No

○ **Please tell us the type of your event. (Please select all that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Educational Conference or Seminar | <input type="checkbox"/> Awards Ceremony / Gala Night |
| <input type="checkbox"/> Executive / Board Meeting | <input type="checkbox"/> Concert / Musical / Entertainment / Performances |
| <input type="checkbox"/> Team Building | <input type="checkbox"/> Outdoor Event |
| <input type="checkbox"/> Expo / Trade Show / Exhibition | <input type="checkbox"/> Wedding / Pre-Nuptial |
| <input type="checkbox"/> Corporate Family Event | <input type="checkbox"/> Others: _____ |

Estimated Overall Budget? _____ **Is (are) the date(s) flexible?** Yes No

Is this a reoccurring event? Yes No **If Yes, how often:** _____

Catering services? Yes No, **Details:** _____

Any event's program? Yes No **If Yes, please attach the program details to this form.**

Will Nofa Resorts be providing the following?

P. R. services? Yes No **Venue operation?** Yes No **Venue arrangement?** Yes No

Venue set up

Seating arrangements: Class Room Theater Round table Other _____

Venue: Indoor Outdoor. **If Outdoor, basic services are required?** Electricity Water Other: _____



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o **Please indicate interest in the following services provided by Nofa Resorts (Please select all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Venue / Site Selection | <input type="checkbox"/> Special Activities |
| <input type="checkbox"/> Transportation / Valet Services | <input type="checkbox"/> Stage & Podium |
| <input type="checkbox"/> Flowers, Plants & Vases | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Security & Traffic Management | <input type="checkbox"/> Audio Visual |
| <input type="checkbox"/> Housekeeping / Janitorial Services | <input type="checkbox"/> Photography & Video Production |

Additional non-listed services: _____

What is(are) your standard(s) in measuring the event's success? _____

Expectations & Comments:

Please attach services details & events program if there are any.

SUBMIT COMPLETED FORM TO: support@nofaresort.com