

## **CONVENTION SERVICES GROUP PROFILE**

We are happy to provide complimentary services to your convention group! In order to do so, we will need you to fill out the following information. This will allow us to accurately service your organization while maintaining up-to-date records.

Thank you and we look forward to working with you!

**Organization Name** \_\_\_\_\_

**Conference Name** (i.e. Regional Workshops) \_\_\_\_\_

**Conference Website** \_\_\_\_\_

**Conference Dates** \_\_\_\_\_

**Number of Attendees Forecasted** \_\_\_\_\_

**Primary Contact** \_\_\_\_\_

**Title** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone ( )** \_\_\_\_\_ **Fax ( )** \_\_\_\_\_

**Email** \_\_\_\_\_

**Convention Hotel (s)** \_\_\_\_\_

**Hotel Sales Manager** \_\_\_\_\_

**Meeting Facility (if different from hotel)** \_\_\_\_\_

### ***How Many Hotel Rooms Do You Have Blocked Each Night?***

	SUN	MON	TUES	WED	THURS	FRI	SAT
DATE							
# of ROOMS							

Please mail or fax back to:

**CHRISTIE P. BRAVOS**, Convention Services Manager  
Syracuse Convention & Visitors Bureau.  
572 S. Salina Street, Syracuse, NY, 13202  
Fax 315-471-8545    Phone 315-470-1842