



**NORTHERN CALIFORNIA COUNCIL OF ALCOHOLICS ANONYMOUS
CONFERENCE BID FORM**

SUBMITTED BY: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ NCCAA ZONE: _____

SUBMITTED FOR: **SPRING** **SUMMER** **FALL** *CHECK ONE* Year: _____ Dates: _____

PROPOSED CONFERENCE SITE INFORMATION:

1. NAME OF CONVENTION CENTER: _____
 ADDRESS: _____
CITY: _____ CA ZIP: _____
 NAME OF CONTACT PERSON IN CHARGE: _____
PHONE: _____
2. MAIN HALL CAPACITY: _____
 COST FOR WEEKEND: \$ _____
3. HOSPITALITY ROOM CAPACITY: _____
 COST FOR WEEKEND: \$ _____
4. ENGLISH MARATHON MEETING ROOM CAPACITY: _____
 COST FOR WEEKEND: \$ _____
5. SPANISH MARATHON MEETING ROOM CAPACITY: _____
 COST FOR WEEKEND: \$ _____
6. IS THERE A HOTEL DIRECTLY CONNECTED TO THE CONVENTION CENTER?: _____
 IF SO, GIVE NAME AND ADDRESS: _____
ADDRESS: _____
7. WHAT ARE THE INSURANCE REQUIREMENTS: _____
8. WHAT ARRANGEMENTS ARE THERE FOR SECURITY: _____
9. CAN WE HANDLE OUR OWN COFFEE, CONCESSIONS, ETC.? _____
10. WITH WHOM WILL OUR CONTRACT BE SIGNED?: _____
 APPROXIMATE TOTAL COST TO NCCAA: \$ _____

NORTHERN CALIFORNIA COUNCIL OF ALCOHOLICS ANONYMOUS
PROPOSED HOST HOTEL INFORMATION

NAME OF HOTEL: _____

COMPLETE ADDRESS: _____

CONTACT PERSON NAME: _____ PHONE: _____

CURRENT ROOM RATES: \$ _____

PROPOSED CONFERENCE ROOM RATES: \$ _____

TOTAL ROOMS IN HOTEL: _____

BLOCK OF ROOMS COMMITTED FOR:

FRIDAY NIGHT: _____

SATURDAY NIGHT: _____

LENGTH OF TIME BLOCK OF ROOMS WILL BE HELD: _____

INFORMATION REGARDING AVAILABLE RESTAURANTS: _____

INFORMATION REGARDING PARKING SPACE: _____

ARRANGEMENTS FOR RV PARKING: _____

CREDIT APPLICATION AVAILABLE? (SO THAT NCCAA EXPENSES CAN BE BILLED TO THE TREASURER)
YES NO

ADDITIONAL LODGING INFORMATION TO INCLUDE RATES FOR HOTELS LOCATED NEAR THE CONFERENCE:
(PLEASE LIST 3 IF NO MINIMUM ROOM REQUIREMENTS AT HOST HOTEL)

HOTE NAME: _____

ADDRESS: _____

CITY: _____ STATE: CA ZIP: _____

PHONE: _____ FAX: _____

ROOM RATES: SINGLE: \$ _____ DOUBLE: \$ _____ SUITE: \$ _____

HOTE NAME: _____

ADDRESS: _____

CITY: _____ STATE: CA ZIP: _____

PHONE: _____ FAX: _____

ROOM RATES: SINGLE: \$ _____ DOUBLE: \$ _____ SUITE: \$ _____

HOTE NAME: _____

ADDRESS: _____

CITY: _____ STATE: CA ZIP: _____

PHONE: _____ FAX: _____

ROOM RATES: SINGLE: \$ _____ DOUBLE: \$ _____ SUITE: \$ _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL.
MAIL TO NCCAA CHAIRPERSON.
THANK YOU.

NORTHERN CALIFORNIA COUNCIL OF ALCOHOLICS ANONYMOUS

CONFERENCE BID FORM
Additional Information

	<u>Yes</u>	<u>Estimated Cost</u>	<u>No</u>
Will there be any additional charges for technicians, electricians, and stagehands?	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
Will there be extra charges for tables, chairs, microphones, stages, risers, podiums, etc.?	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
Does the total cost for the Convention Center include the use of three to four smaller rooms?	<input type="checkbox"/>		<input type="checkbox"/>
If not, what is cost?	<input type="checkbox"/>	\$ _____	
Is there a percent of sales cost included in the contract?	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
How late can we occupy the convention Center each day without incurring overtime rates?		Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
What are overtime rates?		\$ _____	

Develop a history sheet to be included in the bid package to include:

Numbers in attendance. Friday: _____
 Saturday: _____
 Sunday: _____

	<u>Day & Time</u>	<u>Activity</u>	<u># in attendance</u>
Types of activities and attendance.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Non-profit status. _____

Registration amounts plus some get in free. _____

Books and tapes sold at cost. _____

