

Single Facility RFP Template

RFP for a Single Facility — venue selection covering location, dates, guest rooms, function space, F&B, recreation, and concessions.

2026 EDITION · ALIGNED TO CMP INTERNATIONAL STANDARDS

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Identity, attendee profile, history

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What the supplier must include

2026 Edition modernized for sustainability, accessibility, cybersecurity, and AI-enabled service expectations.

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CONTACT INFORMATION

STAKEHOLDER MANAGEMENT

Identify the RFP issuer and the supplier the RFP is being sent to. Required (*) fields cannot be omitted.

EVENT NAME (NO ACRONYMS) *

EVENT HOST ORGANIZATION *

EVENT ORGANIZER (IF DIFFERENT FROM HOST)

KEY CONTACT PERSON

KEY CONTACT PERSON *

JOB TITLE

MAILING ADDRESS LINE 1 *

MAILING ADDRESS LINE 2

CITY *

STATE / PROVINCE *

ZIP / POSTAL CODE *

COUNTRY *

PHONE *

FAX

MOBILE PHONE

EMAIL ADDRESS

WEB ADDRESS

PREFERRED METHOD OF COMMUNICATION

☐ Telephone ☐ Email ☐ Letter ☐ Fax ☐ Other:

BILLING INFORMATION

EVENT ORGANIZER / HOST BILLING CONTACT PERSON

BILLING ADDRESS LINE 1

BILLING ADDRESS LINE 2

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

COUNTRY

BILLING CONTACT TELEPHONE

RFP ROUTING

RFP FOR (SUPPLIER NAME) *

RESPOND TO (KEY CONTACT NAME) *

CONTACT INFORMATION COMMENTS

EVENT PROFILE

STRATEGIC PLANNING

Establish the event identity, location (if known), market segment, attendee profile, history, exhibition particulars, and future-cycle dates.

EVENT NAME *

EVENT HOST ORGANIZATION *

EVENT ORGANIZER (IF DIFFERENT FROM HOST)

EVENT START DATE

EVENT END DATE

EVENT LOCATION SELECTED?

☐ Yes ☐ No

EVENT LOCATION (IF YES)

EVENT LOCATION(S)

CITY

STATE / PROVINCE

COUNTRY

FACILITY 1 OF N

FACILITY 1 NAME

FACILITY 1 CONTACT NAME

FACILITY 1 PHONE

FACILITY 1 EMAIL

FACILITY 1 FAX

Repeat for additional facilities as necessary.

EVENT ORGANIZER / HOST

MARKET SEGMENT

- | | | |
|--|---|---|
| ☐ Association (International) | ☐ Association (National) | ☐ Association (Regional / State / Local) |
| ☐ Corporate | ☐ Educational | ☐ Ethnic |
| ☐ Fraternal | ☐ Government | ☐ Military |
| ☐ Religious | ☐ Social | |

EVENT TYPE *

EVENT STATUS *

EVENT FREQUENCY *

EVENT HOST OVERVIEW (MISSION, PHILOSOPHY, ETC.)

EVENT OBJECTIVES

ATTENDEE PROFILE

EXPECTED TOTAL EVENT ATTENDANCE

ATTENDEE DEMOGRAPHICS PROFILE

Demographics, international mix, fly-in vs. drive-in mix, etc.

ACCESSIBILITY / SPECIAL NEEDS

Outline any special needs for the group including special accessibility needs.

EVENT HISTORY

FIRST TIME EVENT?

☐ Yes ☐ No — attach the APEX Post-Event Report (PER)

If a PER is not available, complete the table below for past occurrences.

ATTRIBUTE	EVENT 1	EVENT 2	EVENT 3 (ADD'L AS NEC.)
FACILITY NAME			
CITY, STATE/PROVINCE, COUNTRY			
START DAY & DATE			
END DAY & DATE			
TOTAL ATTENDANCE			
A/V SERVICE PROVIDER			
LIST OF A/V EQUIPMENT ATTACHED?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
EVENT A/V EXPENDITURE			

ATTRIBUTE	EVENT 1	EVENT 2	EVENT 3 (ADD'L AS NEC.)
EXHIBITOR A/V EXPENDITURE			
APEX PER ATTACHED?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

CURRENCY TYPE

FUNCTION SCHEDULE ATTACHED?

☐ Yes ☐ No

EXHIBITION INFORMATION

THE EVENT IS OR INCLUDES AN EXHIBITION

☐ Yes ☐ No

TYPE OF EXHIBITION

☐ Public ☐ Private ☐ Public / Private Combination

TYPE OF EXHIBITS (MULTI-SELECT)

☐ Custom Fabricated ☐ Modular ☐ Portable

☐ Other:

NUMBER OF EXHIBITS EXPECTED

NUMBER OF EXHIBITING COMPANIES EXPECTED

EXHIBITOR DEMOGRAPHICS PROFILE

SECURED EXHIBITION AREA?

GROSS SPACE REQUIRED

NET SPACE

☐ Yes ☐ No

UNIT OF MEASUREMENT

☐ Square Feet ☐ Square Meters

EXHIBITOR KIT PROVIDED TO EXHIBITORS

☐ Online ☐ Printed ☐ CD-ROM ☐ None ☐ Other:

EXHIBITION DATES & TIMES

DAY / DATE	HOURS — DAY 1	HOURS — DAY 2	HOURS — DAY 3

EXHIBITOR & SERVICE CONTRACTOR SCHEDULES

EXHIBITOR MOVE-IN BEGIN DATE	EXHIBITOR MOVE-IN END DATE	EXHIBITOR MOVE-IN BEGIN TIME
EXHIBITOR MOVE-OUT BEGIN DATE	EXHIBITOR MOVE-OUT END DATE	EXHIBITOR MOVE-OUT BEGIN TIME
SERVICE CONTRACTOR MOVE-IN BEGIN DATE	SERVICE CONTRACTOR MOVE-IN END DATE	SERVICE CONTRACTOR MOVE-IN BEGIN TIME
SERVICE CONTRACTOR MOVE-OUT BEGIN DATE	SERVICE CONTRACTOR MOVE-OUT END DATE	SERVICE CONTRACTOR MOVE-OUT BEGIN TIME

GENERAL SERVICE CONTRACTOR

GSC SELECTED?

☐ Yes ☐ No

GSC COMPANY NAME	GSC CONTACT NAME	
GSC CONTACT PHONE	GSC CONTACT EMAIL	GSC CONTACT FAX

FUTURE OPEN DATES

FUTURE OPEN DATES EXIST FOR THIS EVENT

☐ Yes ☐ No

PUBLISHED START	PUBLISHED END	COMMENTS

EVENT PROFILE COMMENTS

Define the location, dates, facility type, guest room block, function space, F&B, recreation, and concessions required from the bidding facility.

STATEMENT OF NEED *

General description of the types of services and the intended length of contract (in years).

LOCATION REQUIREMENTS

THE EVENT MUST TAKE PLACE IN A SPECIFIC LOCATION

☐ Yes ☐ No

IF YES — CITY STATE / PROVINCE COUNTRY

If No, list preferred locations:

COUNTRY	REGION / PROVINCE / STATE	CITY

OTHER LOCATION REQUIREMENTS

Airport, City Center, Resort, Suburban, etc.

OTHER LOCATION REQUIREMENTS COMMENTS

DATE REQUIREMENTS

CYCLE	YEAR	MONTH	START DAY & DATE	END DAY & DATE
PREFERRED PUBLISHED				
ALTERNATE 1				
ALTERNATE 2				

CYCLE	YEAR	MONTH	START DAY & DATE	END DAY & DATE
ALTERNATE 3				

DAYS / HOURS NEEDED IN ADVANCE FOR SET-UP & MOVE-IN

☐ Days ☐ Hours

DAYS / HOURS NEEDED POST-EVENT FOR TEAR-DOWN & MOVE-OUT

☐ Days ☐ Hours

OTHER DATE REQUIREMENTS COMMENTS

FACILITY REQUIREMENTS

PREFERRED FACILITY TYPE

- ☐ Conference Center
- ☐ Resort
- ☐ Other:
- ☐ Convention Center
- ☐ Restaurant
- ☐ Hotel
- ☐ Unique Venue

TOTAL ROOM NIGHTS

PEAK NIGHT ROOM BLOCK

LARGEST FUNCTION SPACE

MINIMUM SQUARE FOOTAGE

SET-UP TYPE REQUIRED

MINIMUM CAPACITY

MINIMUM CEILING HEIGHT

EXHIBIT HALL

GROSS SPACE REQUIRED

UNIT OF MEASUREMENT

- ☐ Square Feet
- ☐ Square Meters

BREAKOUT ROOMS

MINIMUM NUMBER REQUIRED SIMULTANEOUSLY

RECREATION PREFERENCES

RECREATION TYPE	REQUIRED	PREFERRED BUT NOT REQUIRED	NOT REQUIRED
BEACH			
FITNESS CENTER			

RECREATION TYPE	REQUIRED	PREFERRED BUT NOT REQUIRED	NOT REQUIRED
GOLF			
POOL			
SPA			
OTHER:			

OTHER FACILITY REQUIREMENTS COMMENTS

GUEST ROOM BLOCK REQUIREMENTS

GUEST ROOMS ARE REQUIRED FOR THIS EVENT

☐ Yes ☐ No

If Yes, complete the chart below — first day of attendee/staff arrival to final departure day.

DAY	# GUESTS	# SINGLE S	# DOUBLE S	# SUITES	# ACCESSIBLE ROOMS	TOTAL ROOMS & SUITES
TOTALS						

DESCRIPTION OF ACCESSIBLE ROOMS REQUIREMENT

ROOM RATE MUST BE NO MORE THAN

Indicate currency type

GOVERNMENT PER DIEM RATES REQUIRED?

☐ Yes ☐ No

REDUCED STAFF ROOM RATES REQUIRED?

☐ Yes ☐ No

IF YES — NUMBER OF ROOMS REQUIRING THIS RATE

IF YES — NUMBER OF ROOMS REQUIRING THIS RATE

REBATES, ASSESSMENTS, OR COMMISSIONS WILL BE PAID ON ROOM RATES

☐ Yes ☐ No

IF YES — DESCRIBE REBATE, ASSESSMENT, OR COMMISSION REQUIREMENTS

METHOD OF RESERVATIONS (MULTI-SELECT)

☐ Rooming List ☐ Individual Reservation ☐ Third-Party Bureau

OTHER GUEST ROOM BLOCK REQUIREMENTS COMMENTS

FUNCTION SPACE & FOOD & BEVERAGE REQUIREMENTS

FUNCTION SPACE (INCL. EXHIBITS) REQUIRED FOR THIS EVENT?

☐ Yes ☐ No

DAY & DATE	FUNCTION TYPE	FUNCTION NAME	START	END	# ATTENDEES	SETUP REQS	A/V REQS	24-HR HOLD

FUNCTION TYPE OPTIONS (SELECTABLE PER ROW ABOVE)

- ☐ Break
- ☐ Reception
- ☐ Breakout Session
- ☐ Breakfast
- ☐ Dinner
- ☐ Other:
- ☐ Lunch
- ☐ General Session

SETUP OPTIONS

- ☐ Theatre
- ☐ Classroom
- ☐ Rounds for 10
- ☐ 8' x 10' Exhibits
- ☐ Conference / Boardroom
- ☐ Hollow Square
- ☐ Reception
- ☐ 10' x 10' Exhibits
- ☐ U-Shaped
- ☐ Rounds for 8
- ☐ Tabletop Exhibits
- ☐ Other:

FUNCTION SPACE & AUDIO/VISUAL COMMENTS

Rear-screen projection needs, production requirements, etc.

OVERALL F&B BUDGET

Indicate currency type

INCLUDES TAX?

☐ Yes ☐ No

INCLUDES SERVICE CHARGES?

☐ Yes ☐ No

INCLUDES GRATUITY?

☐ Yes ☐ No

OTHER FUNCTION SPACE AND F&B REQUIREMENTS COMMENTS

CONCESSIONS DESIRED

GUEST ROOMS

FOOD & BEVERAGE

OTHER

INSURANCE REQUIREMENTS

IN ORDER TO HOST THIS EVENT, WHAT ARE YOUR SPECIFIC INSURANCE REQUIREMENTS OF MY ORGANIZATION?

- ☐ Commercial General Liability Insurance, including blanket contractual liability
- ☐ Commercial Automobile Liability Insurance for owned, non-owned and hired vehicles
- ☐ Workers' Compensation Insurance as required by statute
- ☐ Employers' Liability Insurance

IF COMMERCIAL GENERAL LIABILITY PROTECTION EXCEEDS \$1,000,000 *

What limits can be provided by primary and excess / umbrella coverage?

OTHER SPECIFIC REQUIREMENTS

DESCRIBE ANY PARTICULAR REQUIREMENTS NOT PREVIOUSLY ADDRESSED

e.g., simultaneous interpretation/translation, audience response system, video conferencing, speaker ready room, two-way radios, office equipment needs, etc.

ATTACHMENTS

List documents attached to this RFP (draft agenda, post-event report, sample vendor contract, exhibitor prospectus, attendee promotion materials, etc.)

- ☐
- ☐
- ☐
- ☐

NEW IN 2026 EDITION — RFP scope now includes sustainability, accessibility, cybersecurity, and AI-enabled service expectations. Suppliers should describe their capability against each in the "Other Specific Requirements" section above and the response in Section V.

SUSTAINABILITY REQUIREMENTS (NEW 2026)

REQUIRED SUSTAINABILITY STANDARDS (MULTI-SELECT)

- | | |
|--|--|
| ☐ EIC Sustainable Event Standards alignment | ☐ ISO 20121 certification |
| ☐ B-Corp certification | ☐ Carbon footprint reporting (GHG Protocol) |
| ☐ Single-use plastic elimination plan | ☐ Local / seasonal sourcing commitment |
| ☐ Waste diversion target ≥ 75% | ☐ Other: |

ACCESSIBILITY & INCLUSION REQUIREMENTS (NEW 2026)

REQUIRED BEYOND-COMPLIANCE ACCESSIBILITY (MULTI-SELECT)

- | | |
|---|---|
| ☐ Live captioning | ☐ Real-time translation (multi-language) |
| ☐ Sensory / quiet rooms | ☐ Service-animal relief area |
| ☐ Mobility-priority seating | ☐ Sign language interpretation |
| ☐ DEI scholarships / bursaries | ☐ Other: |

CYBERSECURITY & DATA PROTOCOL (NEW 2026)

REQUIRED CYBERSECURITY POSTURE (MULTI-SELECT)

- | | |
|---|---|
| ☐ SOC 2 Type II | ☐ ISO 27001 |
| ☐ GDPR / CCPA compliant data handling | ☐ Documented incident response plan |
| ☐ Attendee PII encryption at rest & in transit | ☐ Penetration testing on event-day systems |
| ☐ Other: | |

AI-ENABLED SERVICES (NEW 2026)

OPTIONAL AI SERVICES (MULTI-SELECT)

- ☐ AI-generated session summaries
- ☐ Real-time live translation
- ☐ On-demand publishing pipeline
- ☐ Other:
- ☐ AI-generated transcripts
- ☐ AI matchmaking / networking
- ☐ Sentiment / engagement analytics

All work is to be performed in a professional manner. Information in this RFP is proprietary and may not be released without written permission from the contact person named in Section I.

DECISION MAKING PROCESS

FINAL DECISION MAKER (NAME & ROLE)

PRELIMINARY CUT WITH SECOND REVIEW OF FINALISTS?

☐ Yes ☐ No

PROPOSAL PRESENTATION LOCATION (IF REQUIRED)

DECISION DATE *	APPROXIMATE DATE OF SITE INSPECTION (IF REQUIRED)	NUMBER OF SITE INSPECTION ATTENDEES

DECISION NOTIFICATION METHOD (MULTI-SELECT)

☐ Telephone Call ☐ Email ☐ Letter ☐ Fax

KEY DECISION FACTORS

Selection is based on the following criteria, rated by how they will play a role in proposal evaluation: **1 = critical** · **3 = important** · **5 = minimally important**.

DECISION FACTOR	RATING (1–5)
Ability of vendor to provide high level of service	
Age and types of equipment to be provided	
Amount of equipment owned by the vendor	
Availability of required equipment / services	
Creativity	
Information provided in the response to the RFP	
Proposal in the response to the RFP is in the proper sequence	
Overall cost of services	
Recommendations from previous and existing clients	
Staff Experience	
Travel / shipping costs if equipment is trucked or flown in	

DECISION FACTOR	RATING (1–5)
Union / non-union	
Sustainability credentials (<i>NEW 2026</i>)	
Accessibility & inclusion capability (<i>NEW 2026</i>)	
Cybersecurity posture (<i>NEW 2026</i>)	
AI-enabled service capability (<i>NEW 2026</i>)	
Other:	

REQUIRED ATTACHMENTS (SELECT ALL THAT APPLY)

- ☐ Standard sales kit for the company / facility
 ☐ Equipment / Service Price List
 ☐ Other:

SINGLE-FACILITY-SPECIFIC ATTACHMENTS (SOURCE-REQUIRED, 17 OPTIONS)

- | | | |
|--|---|---|
| ☐ Insurance Requirements | ☐ The facility's APEX Site Profile | ☐ Exclusive and / or Preferred Vendor List |
| ☐ Price List(s) | ☐ Resort Fees | ☐ Parking |
| ☐ Valet Parking | ☐ Fitness Center | ☐ Porterage & Baggage |
| ☐ Internet Access & Accessories | ☐ Room Drops | ☐ Corkage — Wine & Beer Fees |
| ☐ Shipping & Receiving | ☐ Labor Policy | ☐ Cleaning / Trash Removal Policies |

2026 ADDITIONS — also request:

- | | | |
|---|--|--|
| ☐ Sample SLA / Service Agreement | ☐ Sustainability report / certification | ☐ Cybersecurity attestation (SOC 2 / ISO 27001) |
| ☐ Accessibility statement | | |

INSTRUCTIONS FOR RESPONDING

- Each proposal responding to this RFP must include the information requested in **Section V (Proposal Content)**, in the order presented.
- Expenses related to the preparation and completion of a response to this RFP are the sole responsibility of the vendor.
- The proposal with the lowest dollar amount will not necessarily be considered the best proposal.
- Incomplete and / or late responses will not be considered.

ACCEPTED FORMATS FOR RESPONSE

- ☐ Mail
 ☐ Fax
 ☐ Email
 ☐ Courier
 ☐ Other:

2026 ADDITION — also indicate if applicable:

- ☐ Secure Portal Upload

OTHER INSTRUCTIONS

PROPOSAL SPECIFICATIONS COMMENTS

Each responding proposal must include the following information, in the order presented.

COMPANY INFORMATION**COMPANY NAME**

MAILING ADDRESS LINE 1

MAILING ADDRESS LINE 2

CITY**STATE / PROVINCE****ZIP / POSTAL CODE****COUNTRY**

WEB SITE

PRIMARY SALES CONTACT**FULL NAME****PREFERRED NAME**

JOB TITLE**EMPLOYER**

MAILING ADDRESS LINE 1

MAILING ADDRESS LINE 2

CITY**STATE / PROVINCE****ZIP / POSTAL CODE****COUNTRY**

PHONE**FAX****MOBILE**

EMAIL ADDRESS**WEB ADDRESS**

EXPERIENCE

FOR HOW MANY EVENTS OF SIMILAR SIZE AND SCOPE AS THE ONE IN SECTION II HAS THE COMPANY PROVIDED SERVICES IN THE PAST THREE YEARS?

WHEN WAS THE COMPANY FOUNDED?	COMPANY'S SCOPE OF SERVICES
--------------------------------------	------------------------------------

WORKING RELATIONSHIP WITH THE FACILITY NAMED IN SECTION II

Are you the preferred vendor? How many events and of what type have you serviced there?

EXPERIENCE COMMENTS

PLANNING THE EVENT

HOW WOULD THE COMPANY AND ITS STAFF PARTICIPATE IN PLANNING MEETINGS?

WHO WOULD ACCOMPANY THE EVENT ORGANIZER ON SITE VISITS?

PLANNING COMMENTS

RESPONSE TO REQUIREMENTS

CAN THE COMPANY MEET THE EVENT'S SPECIFIC EQUIPMENT / SERVICE REQUIREMENTS WITH ITS OWN RESOURCES?

☐ Yes ☐ No

IF NO, TYPES AND AMOUNTS THAT WOULD NEED TO BE OUTSOURCED

CAN THE COMPANY MEET THE EVENT'S STAFFING REQUIREMENTS WITH ITS OWN STAFF?

☐ Yes ☐ No

IF NO, SUPPLEMENTAL STAFF SUPPLIED BY

CAN THE COMPANY MEET THE OTHER SPECIFIC REQUIREMENTS OUTLINED IN THE RFP?

☐ Yes ☐ No

PERSONNEL

DOES THE COMPANY HAVE AN OFFICE IN THE CITY WHERE THE EVENT IS BEING HELD?

☐ Yes ☐ No

If No, complete travel-from rows below for each location.

CITY	STATE / PROVINCE	COUNTRY	STAFF FROM THIS LOCATION

NUMBER OF STAFF THAT WOULD WORK THE EVENT

STAFF FULL NAME	TITLE	RESPONSIBILITY	YEARS OF EXPERIENCE	SUPERVISOR?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

ESTIMATE OF CHARGES FOR TRAVEL EXPENSES (INCL. # OF GUESTROOMS REQUIRED)

PERSONNEL COMMENTS

LABOR

MINIMUM NUMBER OF HOURS CHARGED PER PERSON WORKING (E.G., 4-HOUR MINIMUMS)

DOES THE COMPANY USE UNION LABOR?

☐ Yes ☐ No

IF NO, DESCRIBE WHY AND IN WHAT AREAS UNION LABOR IS NOT USED

PRICING

PROVIDE AN ITEMIZED PRICE LIST FOR ALL SERVICES / EQUIPMENT DESCRIBED IN SECTION III

PRICING COMMENTS (TAXES, GRATUITIES, CURRENCY, VALIDITY PERIOD)

REFERENCES

CLIENT / EVENT NAME	CONTACT	PHONE / EMAIL	YEAR SERVICED

AUTHORIZED SIGNATURE

SIGNATORY NAME

SIGNATORY TITLE

SIGNATURE

DATE