



Group Inquiry Lead

Company Information

Contact name and title:

Group name:

Phone number:

Email address:

Dates for group request

Date of check-in:

Date of check-out:

Number of rooms

Doubles:

Kings:

Additional information

Purpose of event:

Who else are they considering?

Important decision-making factors:

Budget:

When are they looking to make a decision?

Meeting space requirements

Yes No

Next steps and follow up

Any special requests for the group