Society of Government Meeting Professionals
Planner/Contract Planner Profile Information

Name: _____
First M. Last

Title _____

Agency/Division _____

Address: _____

_____
City State Zip Code

Phone: (____) _____ **Fax: (____)** _____

Email: _____

_____ Federal Planner _____ State Planner _____ Contract Planner

What is your preferred method of communication? _____ Phone _____ Fax _____ Email

How many meetings* do you plan per year? ___ ___ ___ (insert number)

How many conventions/tradeshows do you plan per year? ___ ___ ___ (insert number)

What is the length of your seminars/trainings/convention/tradeshows? Check all that apply.

___ 1 day ___2 days ___ 3 days ___ 4 days ___ 5 days

Areas you plan your events:
(check all that apply)
___ In state only
___ Out of state
___ Northeast
___ Southeast
___ Midwest
___ West
___ Southwest
___ Northwest

What types of facilities do you use:
(check all that apply)
___ Airport Hotels
___ Downtown Hotels
___ Suburban Hotels
___ Convention Centers
___ Resort Facilities
___ Colleges/Campus
___ Other (Government Facilities)

How many guestrooms are required
for your event: (check all that apply)
___ 1001+
___ 700-1000
___ 501-700
___ 301-500
___ 101-300
___ 51-100
___ 10-50
___ less than 10

Estimated attendance at your events:
(check all that apply)
___ 1001+
___ 701-1000
___ 501-700
___ 301-500
___ 101-300
___ 51-100
___ 10-50
___ less than 10

*Meetings include seminars, trainings, conventions, conferences, board meetings, etc.

This form MUST accompany Membership/Training application and renewals to be processed.