



## **Attachments**

**Checklists / Worksheets / Glossary of Terms**

**ATTACHMENT A**  
**Site Selection Checklist**

**MEETING INFO**

Site Inspection Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Meeting Name \_\_\_\_\_

Type of Meeting: \_\_\_\_\_ No. of Attendees: \_\_\_\_\_

Meeting Dates: \_\_\_\_\_ Alternate Dates: \_\_\_\_\_

**PROPERTY**

Type of Property: Conference Center \_\_\_ Hotel \_\_\_ Resort \_\_\_ Airport \_\_\_

Property Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Contact Name/Title: \_\_\_\_\_

Alternate Contact Name/Title: \_\_\_\_\_

Airport(s) & Distance from Property: \_\_\_\_\_

Approximate Taxi Fare: \_\_\_\_\_ Construction Planned: Yes \_\_\_ No \_\_\_

ADA Compliant: Yes \_\_\_ No \_\_\_

**MEETING ROOMS**

Space Available on requested dates: Yes \_\_\_ No \_\_\_

Room Rental Charge: \$\_\_\_\_\_ Breakout Room Rental Charge: \$\_\_\_\_\_

Date Payment is Due: \_\_\_\_\_ Deposit Required: Yes \_\_\_ No \_\_\_ Amount: \$\_\_\_\_\_

Set-Up Charges: \$\_\_\_\_\_ Tear Down Charges: \$\_\_\_\_\_

Norris Conference Centers  
 Site Selection Checklist  
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Meeting Rooms (Cont'd)

Rate the Following: (1 poor – 5 excellent)

➤ Room is large enough to provide a comfortable experience for attendees	1	2	3	4	5
➤ Availability of Breakout Rooms	1	2	3	4	5
➤ Condition/Cleanliness	1	2	3	4	5
➤ Room has no obstructions	1	2	3	4	5
➤ Soundproofed	1	2	3	4	5
➤ Décor	1	2	3	4	5
➤ Ceiling Height	1	2	3	4	5
➤ Lighting	1	2	3	4	5
➤ Heating/Cooling	1	2	3	4	5
➤ Sound System	1	2	3	4	5
➤ Equipment (e.g. tables/chairs)	1	2	3	4	5
➤ Computer Ports	1	2	3	4	5
➤ Electrical Outlets	1	2	3	4	5
➤ Public Telephones (Number/Proximity)	1	2	3	4	5
➤ Restrooms	1	2	3	4	5
➤ Overall Rating	1	2	3	4	5

**FOOD & BEVERAGE**

➤ Presentation	1	2	3	4	5
➤ Menu Selections	1	2	3	4	5
➤ Menu Prices	1	2	3	4	5
➤ All Inclusive (Day Meeting Packages)	1	2	3	4	5
➤ Willing to Divert from Standard Menu	1	2	3	4	5
➤ Able to Accommodate Special Dietary Needs	1	2	3	4	5
➤ Overall Rating	1	2	3	4	5
➤ Nearby Restaurants	1	2	3	4	5

**AUDIO VISUAL**

➤ In-House Audio Visual Equipment	1	2	3	4	5
➤ Equipment Availability	1	2	3	4	5

**AUDIO VISUAL (Cont'd)**

➤ Equipment Condition	1	2	3	4	5
➤ Equipment Price	1	2	3	4	5
➤ Overall Rating	1	2	3	4	5

**SERVICE & AMENITIES**

➤ Business Center	1	2	3	4	5
➤ Table Décor	1	2	3	4	5
➤ 24-Hour Hold (Cost: \$_____)	1	2	3	4	5
➤ Materials Delivery/Pickup (Cost: \$_____)	1	2	3	4	5
➤ Parking (Cost: \$_____)	1	2	3	4	5