

# Request for Proposal

## CONTACT INFORMATION

Please fill out the following information in its entirety.

**Name**

**Title**

**Organization**

**Phone**

**Fax**

**Email**

## EVENT INFORMATION

Please fill out the following information as it pertains to your event.

**Dates**

**Exhibit Hall**

**PAC**

**Coliseum Seats**

**Ballroom**

**Meeting Rooms**

**Attendees**

**Hotel Rooms**

Other Information or Needs: -

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PLEASE EMAIL OR FAX THIS FORM TO ED RIGGS,  
[eriggs@northcharlestoncoliseumpace.com](mailto:eriggs@northcharlestoncoliseumpace.com) OR Fax: (843) 529-5040