

## FAMILIARISATION TRIP REQUEST FORM

### Client Information

Account name	
Address	
Key contacts name	
Key contacts title	
Potential production for hotel	
Market segment	
Which competitors do they use?	
Attendee profile	
Suggested dates	
Length of stay	
Number of rooms	
Number of people	
F&B requirements	
Details of cost to be covered by hotel (if costs are shared with partners include this detail)	
Airline sponsoring the flights	
DMC arranging the transfers	
Other Partners	
Other comments	

### BHI Contact Details (person requesting the trip)

Sales person's name	
Address	
Contact details (Tel, email, fax)	
Date	

### BHI representative accompanying the trip (if not the same as BHI Contact)

Name	
Address	
Contact details (Tel, email, fax)	
Date	

### HOTEL AUTHORISATION (this will be accompanied by written confirmation of what the hotel will offer)

Sales person's name	
Address	
Contact details (Tel, email, fax)	
Date	