

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: -

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