

# Request for Proposal

 THE STELLAR BALLROOM  
AT THE RISE RESORT

## Organization & Contact Information

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## Event Details

Event Name: \_\_\_\_\_

Event Type: \_\_\_\_\_

Preferred Event Dates: \_\_\_\_\_

Expected Number of Attendees: \_\_\_\_\_

Alternative Dates: \_\_\_\_\_

Guest Rooms Required: \_\_\_\_\_

Special Venue Requirements: (e.g., A/V setup, breakout rooms, catering, accessibility needs):

## Jessica Dowswell

Business Development  
(604)-902-1396 | [jessica@tourism-vernon.com](mailto:jessica@tourism-vernon.com)  
[tourismvernon.com/meetings](http://tourismvernon.com/meetings)

## Decision Timeline:

Proposal Submission Deadline:



Expected Decision Date:

