



Client Brofile

REQUEST FOR CLIENT BRIEF TEMPLATE

This guide will assist you in taking enquiries from clients who are planning to host a business event in your region or at your property. It outlines a series of questions that you should ask and while not all sections may be relevant to every enquiry, we hope that this template helps to streamline the client brief process. Writing down the different requirements for a client will ultimately help you tailor the proposal successfully and meet the client's needs and expectations for their event. For further assistance, please contact Destination NSW's regional NSW Business Events Specialists at conferencing@dnsw.com.au or call (02) 9931 1111.

RECOMMENDED TEMPLATE FORMAT

Chefferrome					
Client Organisation					
Client contact name		Position			
Email		Phone			
Client Address/ PO Box					
Client Type & Industry					
Is commission required?	() 10 % across the board ()10 % acc	commodat	ion only () 10% food and beverag	ge
(PCO only)	() Other:				-
Decision maker/s					
Event Specifics					
Event Name					
Event dates					
Are dates set or flexible? Y/N	Alternate Dates?		Format Day/s		
Event description					
Event objectives					
Event theme					
How will success be					
measured?					



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Intrastate %	Interstate %		Internationa	l %		
Male %	Female %					
Partner	Family		Board memb	ners		
program	program		Board mem.	, c. i s		
Self-funded	Corporate funded		Speakers			
Flights	Bus/ train		Transfers required		Self-drive	
IN		OUT				
Room type		No. of		Night	S	
Room type				Night	S	
, , , ,				1	-	
Room type			1	Night	S	
, r -		rooms				
1		1	•	ı		
	Male % Partner program Self-funded Flights	Male % Female % Partner program Self-funded Flights IN Room type Room type	Male % Female % Partner program Family program Self-funded Corporate funded Flights Bus/ train IN OUT Room type No. of rooms Room type No. of rooms Room type No. of	Male % Female % Partner program Self-funded Flights Speakers Flights Bus/ train OUT Room type No. of rooms Room type Room type Room type No. of rooms Room type No. of rooms Room type No. of rooms Room type No. of	Male % Female % Partner program Family program Self-funded Corporate funded Flights Bus/ train Transfers required IN OUT Room type No. of rooms Room type No. of Night rooms Room type No. of Night rooms Room type No. of Night	Male % Female % Board members Partner program Program Self-funded Speakers Flights Bus/ train Transfers required Self-drive IN OUT Room type No. of rooms Room type No. of rooms Room type No. of Nights Room type No. of Nights



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Event format

Audio visual

Day 1	Day 2		Day 3		Day 4	Day 5
Business event require	ments					
Plenary room	Pax		Setup: (Circle)		
			Cabaret	/ Theatre / Cla	ssroom / U shape / Bo	oardroom
Requirements			_1			
COVID-19 Room						
Capacity						
Breakout rooms	No. of Setup per room: (Circle)					
	breakouts		Cabaret	/ Theatre / Cla	ssroom / U shape / Bo	oardroom
Requirements &						
capacity per room						
COVID-19 Room						
Capacity						
Exhibition	No. of exhibi	itors		Dimension	()2 x 3m ()3 x 3	m () trestle tables
				of booths		
Bump in/ bump out						
requirements						
COVID-19 Room						
Capacity						
Catering	() Full Day DDP () Half Day DDP () Arrival tea & coffee () Morning Tea () Lunch () Afternoon Tea () Healthy Options () Low sugar/carb					
Other dietary	() Healthy (options	5 () LO	w sugar/carb		
considerations						
Catering space	() Exhibitio	n Area	() Wo	rking Lunch () Pre Function Area	() Outdoors
catering space	\ / LAITIBILIO	, i Ai Ca	() ****	I KING LUNCH (, i i c i unictioni Al Ca	1 / 00100013

() Wi-Fi

() Green room

() Video conferencing

() Other:

() Data projector

() Whiteboard

() Screen





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	() Flip chart/s	() AV Technician
Other space requirements	Event Secretariat Storage Styling/ theme Signage	
Social event requirement	ts	
Welcome reception () In house () Offsite	Pax	Catering Food: () Cocktail hours Beverage: () Drinks package hours () Drinks on consumption
Notes		
Dinner 1 Name: () In house () Offsite	Pax	Catering Food: () 3 Course () A la carte () Set menu () Cocktail Beverage: () Drinks package hours () Drinks on consumption
Notes		
Dinner 2 Name: () In house () Offsite	Pax	Catering Food: () 3 Course () A la carte () Set menu () Cocktail Beverage: () Drinks package hours () Drinks on consumption
Notes		
Destination requirement	s	
Partner/ family program requirements		
Team building activities		
Local cultural education		
Technical site tours		
Local tourist attraction requirements		



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Quotes	
What date do you require this proposal?	
How would you like this proposal sent?	
What additional information would you like with the proposal? I.e. images/videos/floorplans	