

Site Inspection Handbook

For Meeting, Conference & Reunion Planners

Provided Compliments of



Convention & Visitors Bureau

505 Crawford Street, Suite 2

Portsmouth, VA 23704

1-800-PORTSVA

www.portsva.com

info@portsva.com

Hotel/Accommodations Site Visit Checklist

Hotel _____ Phone _____

Address _____ Fax # _____

City _____ Zip _____

Staff:

Sales Manager _____ Director Of Sales _____

Convention Services Manager _____

Food and Beverage Manager _____

Reservations Manager _____

Registration:

Individual _____ Controlled By Meeting Planner _____

List Required _____ Days In Advance _____

Location Of Registration Desk _____

Lobby:

Appearance: Excellent _____ Very Good _____ Fair _____ Poor _____

Bell Desk: Yes _____ No _____

Facilities For Luggage Storage _____

Comments _____

Front Desk:

Check-in Time _____ Check-out Time _____

Front Desk Attitude _____

Rooms Held Without Guarantee Until _____

Credit Cards Accepted _____

Elevators:

Number _____ Easily Accessible: Yes _____ No _____

Service: Excellent _____ Very Good _____ Fair _____ Poor _____

P•O•R•T•S•M•O•U•T•H

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Hotel/Accommodations Site Visit Checklist

Sleeping Rooms:

Number _____ King _____/\$_____ Queen _____/\$_____ Suites _____/\$_____

Double _____/\$_____ Double/Double _____/\$_____

Handicap Accessible # Rooms _____ Smoking _____ Non Smoking _____

Maximum # Committable Rooms _____

Comp Policy _____ FEMA# _____

Tax On Sleeping Rooms: (Sales) % _____ Bed Tax % _____ Total _____

Cut Off Date 4 _____ 3 _____ 2 _____ 1 _____ Weeks Prior

Appearance: Excellent _____ Very Good _____ Fair _____ Poor _____

Smoke Alarms _____ Sprinklers _____

Amenities _____

In-Room Movies _____ Cost _____

Modem On Phones: Yes _____ No _____

Room Service Available: Yes _____ No _____

Hours _____

Vending Machines: Yes _____ No _____ Soda _____ Ice _____

Suites:

Available _____ Comp Policy _____

Cost _____

Appearance: Excellent _____ Very Good _____ Fair _____ Poor _____

Concierge Level & VIP Level:

Concierge Level: Yes _____ No _____ Number Of Floors _____ Number Of Rooms _____

Rates: Single _____ Double _____

Complimentary Service _____

Hors D'Oeuvres: Yes _____ No _____ Liquor: Yes _____ No _____

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Meeting/Conference Site Visit Checklist

Meetings:

	Room	Set Up	Date	Hours	Ceiling Ht.
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____

Meeting Room Floor Plans Available: Yes _____ No _____

Meeting Rooms Carpeted: Yes _____ No _____

Individual Controls In Each Room: Heat: Yes _____ No _____ Air: Yes _____ No _____

Lights: Yes _____ No _____ Sound: Yes _____ No _____

Obstructions: Yes _____ No _____

Appearance: Excellent _____ Very Good _____ Fair _____ Poor _____

Restroom Access

Telephone Access

Business Center: Yes _____ No _____ Hours

Exhibits:

Location _____ Size Of Booths _____ (6x8) Or (8x10) Or (10x10) Or (Table Top)

Exhibit # _____ Hours _____

Decorator Exclusive: Yes _____ No _____

Food & Beverage:

Menus Provided: Yes _____ No _____ Service Charge: Yes _____ No _____ How Much _____

Guaranteed Prices (Until Date) _____ Guarantee Policy _____

Tax % _____ Gratuity % _____

Hotel Amenities Site Visit Checklist

Restaurants:

Are Meal Hours Flexible: Yes _____ No _____

Can Restaurants Be Used For Groups: Yes _____ No _____

Outdoor Meals: Yes _____ No _____

Location: _____

Surcharges _____

Lounges:

Hours: _____ Theme: _____

Entertainment: _____

Hours: _____

Food In Lounge: _____ Capacity: _____

Coffee Breaks:

Indicate Usual Service: China _____ Foam _____ Other _____

Audio/Visual:

Exclusive Company: Yes _____ No _____

Company _____

Price List Provided: _____ Company On Property: Yes _____ No _____

Equipment Provided at No Cost: _____

Supplier Located On Site: Yes _____ No _____

Recreation:

Pools: Indoor _____ Outdoor _____ Heated _____

Tennis: Yes _____ No _____ Lighted _____ Cost _____

Health Club: Yes _____ No _____ Cost: _____

Site Visit Checklist

Overflow Hotel Accommodations:

Hotel: _____ Phone: _____
Address: _____ Fax #: _____
City: _____ Zip: _____

Staff: Room Block Yes No

Sales Manager: _____ Director of Sales _____
Reservation Manager _____

Overflow Hotel Accommodations:

Hotel: _____ Phone: _____
Address: _____ Fax #: _____
City: _____ Zip: _____

Staff: Room Block Yes No

Sales Manager: _____ Director of Sales _____
Reservation Manager _____

Overflow Hotel Accommodations:

Hotel: _____ Phone: _____
Address: _____ Fax #: _____
City: _____ Zip: _____

Staff: Room Block Yes No

Sales Manager: _____
Director of Sales _____
Reservation Manager _____

Portsmouth Convention & Visitors Bureau

Convention Sales Manager Contacts:

Associations and Corporate Meetings
1-800-767-8782

Social, Military, Government, Ethnic, Religious,
Fraternal Meetings and Reunion Groups
Julie Windley 1-800-767-8782 x5160
windleyj@ci.portsmouth.va.us

Please contact us to schedule your Portsmouth site selection visit.

Convention Services Manager:

Lynette James 1-800-767-8782 x5203

Please contact Lynette once your Portsmouth meeting site has been chosen.

Off Site Facilities Needed:

Restaurant/other _____ max # _____

Contact _____

Restaurant/ other _____ max # _____

Contact _____

Restaurant / other _____ max # _____

Contact _____

Restaurant / other _____

Contact _____

Suggestions for tours and activities for attendees:

Portsmouth Convention & Visitors Bureau Complimentary Convention Services

Portsmouth Attendance Builder Post Card:

Portsmouth CVB recommends sending out this post card 6-12 months prior to your meeting

_____ yes _____ no Logo to Portsmouth CVB by _____

Brochures for Meeting Attendees:

_____ Attractions _____ Olde Towne Walking Tour _____ Children's Museum of Virginia
_____ Portsmouth Golf _____ Portsmouth Visitors Guide _____ Olde Towne Lantern Tours
_____ Carrie B _____ Lightship Portsmouth/
Naval Shipyard Museum _____ Map/Restaurant List

Other: _____

Welcome Signage:

_____ yes _____ no Logo to Portsmouth CVB by _____

Welcome Address:

_____ yes _____ no Provided By _____

Welcome Letter:

_____ yes _____ no Provided By _____

Registration/ Hospitality Assistance:

* Please provide a minimum of 3 months notice prior to your meeting to utilize this service

Date _____ Time _____ Location _____

Destination Management Organization Contact:

