

pcma gmbh

Hosted Buyer Qustionnaire

Please return Fax to pcma agency, Berlin, Fax-No. 0049.30.767684-29

Personal details:

* Greeting

Mr Ms

Title

Dr. Prof. Prof. Dr.

* Firstname

* Lastname

* Company

* Position

Department

* Street

* Zip Code

* City

* Country

* Telephone

* Fax

* e-Mail

Internet

Questionnaire

1. Decision making

Your role in deciding location of Event/Meeting: Main Influencer
 Decision-maker

Who makes the decisions regarding a destination for your meeting or event?

Name

Position

2. Company Information:

Type of Company:

- Incentive House
- Association
- PCO / Meeting Planner
- Event Agency
- Corporate
- Other: (please specify) _____

Industry Sector (or if 3rd party your client base)

- Automobile
- Electronics / Communication / IT
- Pharmaceuticals / Medicine / Chemical
- Food / Beverage / Tobacco
- Cosmetic Industry
- Engineering or Building
- Industrial Goods (General)
- Financial / Insurance / Banking
- Other: (please specify) _____

3. What kind of events do you run?

- Conferences / Conventions
- Congresses
- Traide fairs / Exhibitions
- Training / Seminars
- Incentives
- Productpresentations
- Award Ceremonies
- Dinners
- Roadshows
- Other: (please specify) _____

4. Event Activity

No. of events carried out last year:

How many participants? between and

How many events planned this year:

How many participants? between and

What percentage of your business is international?

5. Please describe the last 3 events that you have run:

Event 1

Date: / / 200_

Title

Type of Event

Number of attendees

Duration of event (days)

Location

City

Country

Reference-contactperson

Tel.no. of Referenceperson

Event 2

Date: / / 200_

Title

Type of event

Number of attendees

Duration of event (days)

Location

City

Country

Reference-contactperson

Tel.no. of Referenceperson

FAX-REGISTRATION

Event 3

Date _____ / _____ / 200_

Title _____

Type of event _____

Number of attendees _____

Duration (days) _____

Location _____

City _____

Country _____

Reference-contactperson _____

Tel.no. of Referenceperson _____

6. What type of facilities do you use for your events?

Hotel

Conference- / Conventioncenter

City- / Festivalhalls

Traidefair facilities

Museums

Unusual events

Other (please specify) _____

7. What type of hotels do you look at for attendee accommodation?

Standard Hotels *

Comfort Hotels **

Superior Hotels ***

First Class Hotels ****

Luxury Hotels *****

8. Please describe the next two events you are planning:

Event 1

Date _____ / _____ / 200_

Title _____

Type of event _____

Number of attendees _____

Duration (days) _____

Location _____

FAX-REGISTRATION

City _____
 Country _____
 Reference-contactperson _____
 Tel.no. of Referenceperson _____

Event 2

Date ____ / ____ / 200__
 Title _____
 Type of event _____
 Number of attendees _____
 Duration (days) _____
 Location _____
 City _____
 Country _____
 Reference-contactperson _____
 Tel.no. of Referenceperson _____

9. On average, how long in advance of an event do you begin planning?

Up to 3 month
 3 to 6 month
 6 month to 1 year
 1 to 5 years
 more than 5 years

10. Which services do you delegate to external professionals?

Search/selection of event location
 Attendee invitations, registration
 Search for speakers
 Travel planning
 Hotel booking
 Organisation of activities
 Sightseeing / fringe program
 Evening Event
 Bus, shuttle services

11. Which local suppliers do you want to contact during the workshop?

- Convention Bureau
- PCO (congress agency)
- Other agencies
- Convention Centre
- Event Location
- Hotels
- AV Equipment
- Airlines
- Personnel agency
- Catering
- Entertainment
- Transport/Shuttle
- Other (please specify) _____

12. Which categories are most important for you when selecting an event location?

- History
- Culture
- Image
- Accessibility
- Security
- Price
- Climate
- Other (please specify) _____

13. When was the last time you booked Berlin? (Details)

Date _____ / _____ / 200_

Title _____

Type of Event _____

Number of attendees _____

Duration (days) _____

Location _____

City _____

Country _____

Reference-contactperson _____

Tel.no. of Referenceperson _____

FAX-REGISTRATION

14. Please give us at least some additional personal details:

Age:

20 – 30 years

30 – 40 years

40 – 50 years

50 – 60 years

older

In order to satisfy all your wishes we kindly like to ask you to tell us if you are vegetarian, an allergic person or if you suffer from any disabilities.

Are you a Vegetarian?

yes

no

Are you an allergic person?

yes

no

if yes, please specify:

Do you suffer from any disabilities?

yes

no

if yes, please specify:

Thank you very much!

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