**School of Applied Sciences**

**Company/Institution Fact Sheet**

*To be filled on the computer*

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| **Company Name:**  |
| **Address:** |
| **Phone Number(s):** | **Website:**  |
| **Owner(s) / Partner(s) Name:** **(1)****(2)****(3)** |
| **Management Company Name:** | **Franchising Company Name:** |
| **Marketing Affiliation / Consortia:** |
| **Other Properties Owned (If any):** |
| **GM’s Name / Last Name:** **Phone: E-Mail:**  |
| **Your Department Manager’s Name:****Phone: E-Mail:**  |
| **HR Director/Manager Name:****Phone: E-Mail:**  |
| **Star Rating:**  | **Number of Rooms / Beds:** | **Date of Establishment:**  | **Date of Last Renovation:**  |
| **Number of Full Time Staff:** | **Number of Part Time Staff:** |
| **Trade Union(s) (If any):** |
| **Occupancy %** *(for June, July and August)*  | **Average Room Rate** *(for June, July and August)*  | **Revenue Per Available Room**  *(RevPAR for June, July and August)* |