**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)* | |