



Formal Objection Incremental Impact Form

This form must be completed in order to file a formal objection in accordance with Choice's Incremental Impact Policy. It will be used by Choice to assess the potential for incremental impact.

* Denotes Required Information. Forms will be considered incomplete without information.

***Today's Date:**

***Proposed Franchise**

Brand:

Property Code:

Location:

Number of rooms:

Distance from your hotel in driving miles (please use this format: xx.xx) in driving
time (please use this format: xx) minutes.

***Your Hotel Information**

Your property name:

Property Code:

Number of rooms:

Number of Floors:

Any suites:

If yes, number of suites:

Street address:

City:

State:

Zip Code:

***Your Name and Address**

Your name:

Your title:

Your company's name:

Street address:

City:

State:

Zip Code:

Telephone:

Fax:

Email Address:

(Please provide a working fax number and email address as all written communication will be sent via fax and/or email.)

***Facilities and Amenities**

(Check or complete all amenities that apply to your property)

Restaurant

Lounge

Business Center

Fitness Center

Indoor Pool

Shuttle

Outdoor Pool

Total Meeting :
Space (sq. ft.)

Ballroom (sq. ft.):

Latest
Renovation
(major items
completed,
timing, and
approximate
cost

Future Yes If yes, please list...
Renovation No
plans

***Your Hotel's Future Performance**

1. Please provide projected operating statistics for your hotel. *(Projected operating statistics must not take into consideration the development of the Proposed Hotel.)*

PROJECTIONS (Start with current year)

YEAR

OCCUPANCY

ADR

3. Describe
weekly &
annual
seasonality

***Demand Source**

Commercial travelers:	%
Transient tourists:	%
Group business/nonmeeting:	%
Meeting /Convention:	%
Other (please describe)	%
	%
	100%

***Major Demand Generators for Your Hotel**

<u>Company Name & Location</u>	<u>Distance from your hotel</u>	<u>Estimated % of Business</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

***Your Existing Competition (At least one property is required.)**

Please identify below your primary and secondary competitors. For purposes of this form, "primary competitors" are those properties in your area that offer about the same rates and amenities as your hotel. "Secondary competitors" may have higher or lower rates than your hotel and different amenities, but they compete for the same clientele.

Primary Competitors:

(If you need to profile more than three hotels, please continue on a separate piece of paper using same format):

1. Property name:

Location:

Number of rooms: Age of property:

 Last 12 months:

 Estimated occupancy: % Estimated ADR: \$

 Explain why you consider this hotel to be a competitor:*

2. Property name:

Location:

Number of rooms: Age of property:

 Last 12 months:

 Estimated occupancy: % Estimated ADR: \$

 Explain why you consider this hotel to be a competitor:*

3. Property name:

Location:

Number of rooms: Age of property:

 Last 12 months:

 Estimated occupancy: % Estimated ADR: \$

 Explain why you consider this hotel to be a competitor:*

Secondary Competitors

(If you need to profile more than two hotels, please continue on a separate piece of paper using the same format):

1. Property name:

Location:

Number of rooms: Age of property:

 Last 12 months:

 Estimated occupancy: % Estimated ADR: \$

 Explain why you consider this hotel to be a competitor:*

2. Property name:

Location:

Number of rooms: Age of property:

 Last 12 months:

 Estimated occupancy: % Estimated ADR: \$

 Explain why you consider this hotel to be a competitor:*

Additional Comments on Your Existing Competition

*(*For example, Price: competitor has higher published rates. Facilities: competitor is full service and you are limited service. Condition of property: competitor is 20 years old, in marginal condition and your hotel is new construction.)*

Your Future Competition

Hotels under construction in your local market

(If you need to profile more than two hotels, please continue on a separate piece of paper using same format):

1. Property name and brand:
Property address:
Number of rooms:
Projected opening date (please use this format: mm/yyyy):
Distance from your hotel in driving miles (please use this format: xx.xx)
in driving time (please use this format: xx) minutes.
Level of competition (1-10 scale, 1 = low, 10 = high):

2. Property name and brand:
Property address:
Number of rooms:
Projected opening date (please use this format: mm/yyyy):
Distance from your hotel in driving miles (please use this format: xx.xx)
in driving time (please use this format: xx) minutes.
Level of competition (1-10 scale, 1 = low, 10 = high):

Hotels proposed but not yet under construction in your local market

(If you need to profile more than two hotels, please continue on a separate piece of paper using same format):

1. Property name and brand:
Property address:
Number of rooms:
Projected opening date (please use this format: mm/yyyy):
Distance from your hotel in driving miles (please use this format: xx.xx)
in driving time (please use this format: xx) minutes.
Level of competition (1-10 scale, 1 = low, 10 = high):
Probability hotel will be built (1-10 scale, 1 = low, 10 = high):

Your Future Competition

Hotels proposed but not yet under construction in your local market (continued)

2. Property name and brand:
Property address:
Number of rooms:

Projected opening date (please use this format: mm/yyyy):

Distance from your hotel in driving miles (please use this format: xx.xx)
in driving time (please use this format: xx) minutes.

Level of competition (1-10 scale, 1 = low, 10 = high):

Probability hotel will be built (1-10 scale, 1 = low, 10 = high):

***Your Assessment of the Proposed Franchise**

How and why do you feel incremental impact will occur and what segments of your business would be impacted? (Incremental impact is defined as the room revenue loss attributable to the applicant's property being part of the Choice system versus being part of a competing system or an independent.)

Other Information

Please add any other information you desire:

How To Send This Form To Choice

Please email or fax this completed form to:

Ms. Shellome Pinnock
CHOICE HOTELS INTERNATIONAL, INC.
1 Choice Hotels Circle
Suite 400
Rockville, MD 20850
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Fax: 301-592-6360

Questions? Call **Ms. Shellome Pinnock** at 301-592-6165.