

# EVENT PLANNING QUESTIONNAIRE

Fax: 800-440-1662

Company/Organization \_\_\_\_\_

Primary Contact \_\_\_\_\_

Event Coordinator  Exhibitor  Meeting Planner  Other \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Web Site \_\_\_\_\_

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Event Date(s): \_\_\_\_\_

Event Type (Check All That Apply):

Conference  Trade Show  Convention  Seminar  Concert

Computer Based Training  Other \_\_\_\_\_

Attendees: High Estimate \_\_\_\_\_ Low Estimate \_\_\_\_\_

Number of: Presenters: \_\_\_\_\_ Exhibitors: \_\_\_\_\_ Special Guests: \_\_\_\_\_

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Venue Preferences:

City: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Convention Center  Hotel: Room Nights: \_\_\_\_\_  Other \_\_\_\_\_

General Session(s) Attendance \_\_\_\_\_ Breakout Session(s) Attendance \_\_\_\_\_

Internet Café: Size \_\_\_\_\_ Other: \_\_\_\_\_

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Equipment Needs: (Please indicate quantity needed)

_____ Projectors	_____ Screens	_____ Podiums
_____ Signage Easels	_____ Flip Charts	_____ White Boards
_____ Plasma Flat Screens	_____ Video Cameras	_____ Computers
_____ Printers	_____ Copiers	_____ Computer Kiosks
_____ Speakers/Amps	_____ Mics – Wired	_____ Mics – Wireless

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Food & Beverage Needs: (Please Indicate Number of Days / Attendees)

Breakfast: Days \_\_\_\_\_ No. of Attendees \_\_\_\_\_

Morning Break: Days \_\_\_\_\_ No. of Attendees \_\_\_\_\_

Lunch: Days \_\_\_\_\_ No. of Attendees \_\_\_\_\_

Afternoon Break: Days \_\_\_\_\_ No. of Attendees \_\_\_\_\_

Dinner: Days \_\_\_\_\_ No. of Attendees \_\_\_\_\_

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Budget:  \$100k - \$250k  \$50k - \$100k  \$25k - \$50k  \$10k - \$25k  \$3k - \$10k