

EVENT PLANNING QUESTIONNAIRE

Fax: 800-440-1662

Company/Organization _____

Primary Contact _____

Event Coordinator Exhibitor Meeting Planner Other _____

Phone _____ Cell Phone _____

Email _____ Web Site _____

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: _____

Venue Preferences:

City: 1st Choice _____ 2nd Choice _____

Convention Center Hotel: Room Nights: _____ Other _____

General Session(s) Attendance _____ Breakout Session(s) Attendance _____

Internet Café: Size _____ Other: _____

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

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 _____

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