



# EVENT INFORMATION FORM

Please return this form to your Event Manager to start the planning process of your event.

Event planner name:		E-mail	Phone #1	
			Phone#2	
Preferred method of communication (Enter your email, phone or other):		Best time to contact:		Fax #
Onsite contact name:		E-mail	Phone #1	
			Phone#2	
Onsite contact authorized signer    Yes    No				
Mailing address:		City	State	Zip
Event website:		Open to the public Yes    No		Public phone #
Onsite registration: Yes    No	Admission fee:	Age restrictions Yes    No	Demographics:	
Box office required: Yes    No	Box office hours for each day:		Advertised coupons: Yes    No	
Post as: (advertised name)				
Event synopsis:				
Set-up date/s and hours:				
Active date/s and hours:				
Closing hours for the building for each day:				
Break times for each day:			Food and beverage required: Yes    No	
Estimated attendance for each day:				
Vendors/Exhibitors: Yes    No	Number of Vendors/Exhibitors:		Will they pay for their own services:    Yes    No (electrical, internet, ETC...)	
Decorator name:		Contact name:		Phone #
Audio Visual equipment:			Would you like a quote: Yes    No	
Internet/Telecom request: (Discount rate if received & paid 21 days prior)				
Electrical request: (Discount rate if received & paid 21 days prior)				
Attendees pay for own parking Yes    No		Would you like to host any parking Yes    No		Buses expected: Yes    No
Hotel required: Yes    No	Number of rooms:	Number of nights :	Interested in receiving additional entertainment information:    Yes    No	
Room set-up: Theater    Classroom    Banquet	Stage: Yes    No	# of People on stage:	Other:	
Special needs:				
Additional event information:				