



Event and Meeting Questionnaire

Today's Date: _____

EVENT PROFILE

Client: _____

Client Phone: _____

Client Mailing Address Line: _____

Client City: _____

Client State/Province: _____

Client Postal/Zip Code: _____

Client Country: _____

Client Web Address: _____

Event Name/Theme: _____

Event Date: _____ Are Dates Flexible: _____

Client Overview (*mission, philosophy, etc.*): _____

Event Goals and Objectives: _____

Event # of Attendees/Stakeholders Profile (*age group, female/male, demographics, etc.*):

Client Organization preferred Charitable Organization: _____

Event Type:

- | | |
|---|---|
| <input type="checkbox"/> Board Meeting | <input type="checkbox"/> Sales Meeting |
| <input type="checkbox"/> Committee Meeting | <input type="checkbox"/> Shareholders Meeting |
| <input type="checkbox"/> Customer Event | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Educational Meeting | <input type="checkbox"/> Team-Building Event |
| <input type="checkbox"/> General Business Meeting | <input type="checkbox"/> Training Meeting |
| <input type="checkbox"/> Incentive Travel | <input type="checkbox"/> Trade Show |
| <input type="checkbox"/> Local Employee Gathering | <input type="checkbox"/> Video Conference |
| <input type="checkbox"/> Product Launch | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Public/Consumer Show | |