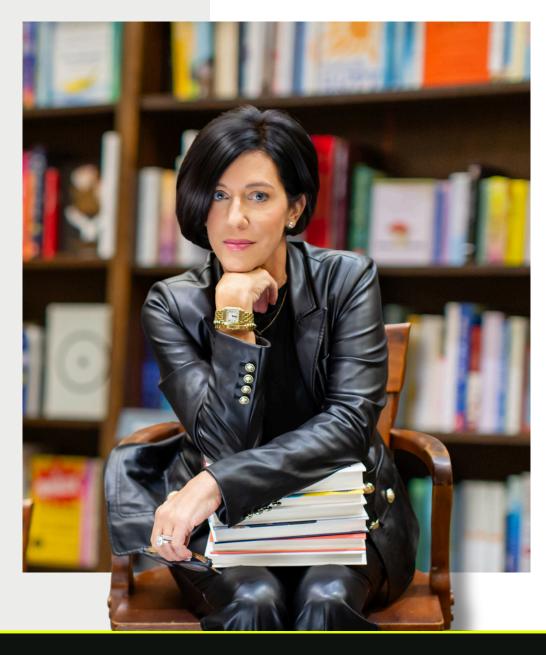


EVENT BOOKING

FORM







Company name:	Type of event:
Date of event:	Location:
Start time:	Stop time:
Attendees:	Room set up:
#of	U-shape Board room Theatre
Tell me a little about them:	Classroom Banquet Other
CONTACT	T DETAILS
Event contract person:	Phone #
Title/position:	Email:
Address:	
City:	Zip Code:
ABOUT THE EVENT	
To ensure the event is a hit, please tell me a bit about your goals and expectations	
My employees/attendees need (check all that apply):	
Tough love Just love To be praise	ed To be thanked Inspiration
A kick in the a Ideas Laughter	To be more engaged To be more customer focused!
Is there an official theme for the event?	
No official theme but please focus on	
The biggest challenge we face now is	
The mood in the office is	
As a leader I wish	
Three things I hope employees walk away with	