



EVENT BOOKING

FORM



CONTACT INFORMATION

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EVENT BOOKING FORM

Company name:

Type of event:

Date of event:

Location:

Start time:

Stop time:

Attendees:

#of

Tell me a little about them:

Room set up:

☐ U-shape ☐ Board room ☐ Theatre

☐ Classroom ☐ Banquet ☐ Other

CONTACT 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 praised ☐ 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