



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 boss I wish _____

Three things I hope employees walk away with: _____