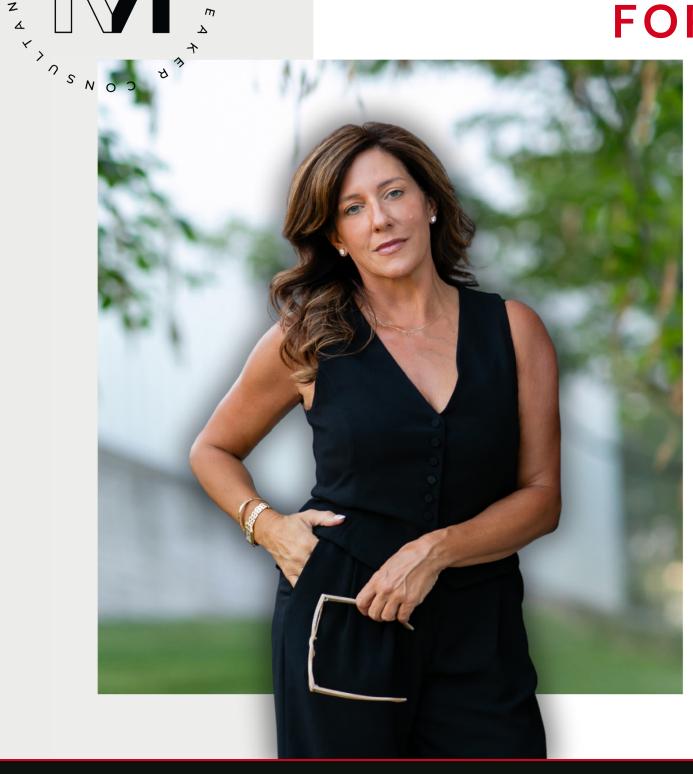
EVENT BOOKING

FORM



CONTACT INFORMATION

4,0

Z



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	DETAILS
CONTACT	DETAILS
Event contract person:	Phone #
Title/position:	Email:
Address:	
City:	Zip Code:
ABOUT TH	E EVENT
To ensure the event is a hit, please tell me a bit about yo	ur 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:	