

EVENT INTAKE FORM

Today's Date: _____

Your Name: _____

Email Address: _____ Phone Number: _____

Department/ Affiliation: _____

Event Name/ Title: _____

Looking for someone to (Select All That Apply):

Plan and Manage Entire Event

Offer Consult for Event

Contact to Discuss Further for Best Solution

Assist with Marketing/ Publicity Communications

On Campus vs. Off-Campus (Please Specify): _____

Group or Department Sponsoring Event: _____

Proposed Date of Event (Including Year): _____

Is Date Flexible?

No

Yes, Other Date(s) to Consider _____

Proposed time(s) of event: _____

Is this is the First Time This Event is Being Held?

Yes

No

- If No, How Often is this Event Held and Specify Date and Location of Last Held Event?

Possible Demographic of Attendees: _____

Purpose of Event:

Approximate attendance: _____

Any Breakouts:

Yes, Number of Breakouts: _____

No

Any Banquets/ Receptions (Choose from List):

Expected Attendance:

Do You Have a Budget?

Yes, Specify

Budget is open for Discussion/ Review

Other Details Imperative to the Success of this Event? (Please be very specific and detailed for clarification purposes)

No

Yes (Please be as detailed as possible):