

Event Planner Client Consultation Form

PERSONAL INFORMATION

Client's Full Name: _____

Phone Number: _____

Email Address: _____

EVENT OVERVIEW

Type of Event: _____

Event Date: _____

Location: _____

Expected Number of Guests: _____

CONSULTATION DETAILS

Preferred Consultation Date: _____

Mode of Consultation (In-person/Virtual): _____

EVENT PREFERENCES

Formal Casual Themed Corporate

SERVICES REQUESTED

Event Design Venue Selection Vendor Coordination Budget Management On-site Management

SPECIAL REQUIREMENTS
