# Event Planning Questionnaire

**From: [ABC event planning company] To: [Customer at ABC company]**

We are honored to help you plan your event. Please complete and submit our general questionnaire as soon as possible. We will then have all the necessary information and will be able to help you build the event of the season.

## Information about the Company

1. Company or organization contact information.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Address: | | |  | | | |
| Phone: |  | | Fax: | |  | | | | Email: |  |
| Job Title: | |  | | | | Company Name: | |  | | |

1. Please check all that apply:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The company/organization is a corporation | | |  | Professional Services Firm | | |  |
| Charity |  | Association | | |  | Private Company |  |

## Information about the Event

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please tell us what type of event you are interested in hosting. Please select all that apply. | | 1. Please tell us what your organization’s main goals are for the event. Please select all that apply. | |
|  | Seminar or Educational Conference |  | New Customer Acquisition |
|  | Gala |  | Existing Customer Retention |
|  | Themed Party |  | Team Building |
|  | Reception |  | Brand Building |
|  | Sales Meeting |  | Sales Award or Incentive |
|  | Golf Tournament |  | Community Relations |
|  | Executive Retreat |  | Networking |
|  | Outdoor Event |  | Product Exposure or Launch |
|  | Networking Event |  | Employee Relations |
|  | Tradeshow or Expo |  | Continuing Education |
|  | Reception |  |  |
|  | E-Learning Event |  |  |

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| --- | --- |
| 1. What is the name of your event? |  |

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| --- | --- |
| 1. What is the estimated budget for the event? |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Who pays for the event? | Attendee |  | Sponsor |  | Company/Organization |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. What are the dates of your event? | Unsure |  | From |  | To |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Are the dates flexible? | Y | N | 1. Will this be a recurring event? | Y | N |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. How often will the event occur? | N/A |  | Yearly |  | Quarterly |  | Monthly |  |

|  |  |
| --- | --- |
| 1. Where will the event be held? |  |

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| --- | --- | --- | --- |
| 1. Is the venue already booked? | Y | N |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. What is the expected attendance? | Min |  | Max |  |

|  |  |  |
| --- | --- | --- |
| 1. Who is the decision maker for the event? | Name |  |
|  | Title |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please specify any additional services you may need for your event. Select all that apply. | | | |
|  | Needs Consultation and Assessment |  | Insurance Compliance |
|  | Venue Selection |  | Accounting and Bookkeeping |
|  | Contract Negotiation and Management |  | Brand or Identity Development |
|  | Advanced or On-Site Registration |  | Website Development |
|  | Event Reports |  | Attendee Recruitment |
|  | Speaker or Talent Sourcing |  | Telemarketing |
|  | Speaker or Talent Coordination |  | Print Advertising |
|  | Transportation |  | Email Advertising |
|  | Audio Video Coordination |  | Fax Advertising |
|  | Stage Design |  | Media Advertising |
|  | Activities and Programs |  | Sponsor or Exhibitor Retention |
|  | Photography and Video Production |  | Promotional Item Locating |
|  | Legal Compliance |  |  |

1. Additional Comments

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