



Event Planning Worksheet

General Event Information:

Event Title: _____

Event Start Date: _____ Other Date(s): _____

Start Time: _____ End Time: _____

Event Planner: _____

Attendees: Estimated #: _____ Actual #: _____ Target Audience: _____

Event Description:

Location Information:

Event Location: _____ Phone: _____

Address: _____ City, State, Zip: _____

Location Contact(s): _____

Contact Phone: _____ Contact Email: _____

Meeting Room: _____ Room Capacity: _____

Hotel Room Block Created: _____ Room Rates: _____

Block Name: _____ Block Expiration Date: _____

Directions Location: _____

Accommodations/Special Requests: _____

A/V Requirements: Microphone Projector Phone Line Internet Access Screen Computer
 DVD Player Podium Flip Chart TV Other: _____

Room Set-up: Classroom U-Shaped Theatre Rounds Other: _____

Food / Beverage Arrangements

List any beverage or food requirements.

Speaker Information:

Fill out this speaker worksheet for each speaker participating in your event.

Speaker Name: _____ Title: _____

Company: _____

Address: _____

City / State / Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Website: _____

Speaker Topic: _____

Session Title: _____

Session Date: _____ Session Start Time: _____ End Time: _____

Session Description:

Honorarium Requested: _____ Other Fees: _____

Hotel Reservations Required: Room Preferences: _____

Post-Event Evaluations: (to be completed by Meeting Planner)

1. Do you feel this event was successful? Why or why not?

2. What could be improved about this event?

3. Other comments: