

Thank you for considering Pivotal Events for your event planning needs. To request a proposal, we encourage you to submit an event questionnaire by completing the following simple steps. The questionnaire is compatible with Adobe Reader Versions 7.0, 8.0, or 9.0. If you need to download the free Acrobat Reader Software, you may do so at www.adobe.com/products/acrobat.

- 1. Save the blank PDF file on your desktop.
- 2. Fill in the information requested on the desktop version.
- 3. Resave the PDF form after you have completed it and attach the PDF file to an email message.
- 4. Send the email to info@pivotalevents.com. You will receive a receipt confirmation email within 48 hours.

Company/organization Contact information	
Title □ Mr. □ Mrs. □ Ms. □ Dr. □ Other (P	Please Specify)
First Name	Last Name
Job Title/Position	
Company/Organization	
☐ Corporation ☐ Professional Services Firm	\square 501(c)(3) Charity \square 501(c)(6) Association
Address	
City	State Zip Code
Website	Email
Telephone	Fax
Preferred Contact Method / Time	
About Your Event	
Please tell us the type of event you are interested in prod	lucing. (Please select all that apply)
☐ Educational Conference or Seminar	□ Gala
☐ Constituent Conference	☐ Themed Party
☐ Sales Meeting	☐ Golf Tournament
☐ Executive Retreat	☐ Outdoor Event
☐ Exclusive Encounter	☐ Expo / Tradeshow
☐ Networking Event	☐ E-Learning Program
☐ Reception	
What are your organization's goals for the event? (Please	e select all that apply)
☐ Customer Acquisition	☐ Team Building
☐ Customer Retention	☐ Sales Incentive / Award
\square Brand Building	☐ Strategic Partnership
☐ Community Relations	☐ Networking
\square Product Launch or Exposure	☐ Continuing Education
☐ Employee Relations	



What is the name of your event?	
What is the estimated overall budget?	
Who pays for the program?	☐ Attendees ☐ Sponsors ☐ Company/Organization
What is (are) the date(s) of your event?	☐ Undecided From:To:
Is (are) the date(s) flexible?	☐ Yes ☐ No
Is this a reoccurring event?	☐ Yes ☐ No
How often does this event occur?	\square N/A \square Annual \square Quarterly \square Monthly \square Other
Where will the event be held?	
Is the venue already contracted?	☐ Yes ☐ No
What is the approximate attendance?	Minimum: Maximum:
What is the reach of your attendance?	% Local:% Out of town (U.S.):% Intl:
What is the gender of your attendees?	% Male: % Female:
Who is the decision maker?	Name:
	Title:
Please indicate your interest in the following services	s provided by Pivotal Events. (Please select all that apply)
Event Logistics Services	Event Marketing Services
☐ Needs Assessment & Consultation	☐ Identity & Brand Development
☐ Site Selection	☐ Invitation & Marketing Collateral Creation
\square Third Party Contract Negotiation & Management	☐ HTML Email Design
☐ Advance & On-Site Registration	☐ Website Development
☐ Management Reports	☐ Data Collection & Sourcing
☐ Keynote Speaker & Talent Sourcing	☐ Survey Implementation
☐ Speaker Coordination	☐ Attendee Recruitment
☐ Ground Transportation Coordination	☐ Telemarketing
☐ Audio Visual Coordination	☐ Print Advertising Campaign Management
☐ Stage & Set Design	☐ Email Marketing Campaign Management
☐ Special Activities & Spouse Programs	☐ Fax Blast Campaign Management
☐ Photography & Video Production	☐ Media Outreach
☐ Legal Compliance	☐ Sponsor & Exhibitor Development
☐ Insurance Procurement	☐ Promotional Item Sourcing
☐ Accounting & Bookkeeping	
Additional Comments:	