



## EVENT PLANNING QUESTIONNAIRE

|             |                         |                       |
|-------------|-------------------------|-----------------------|
| Gala        | Themed Party            | Tournament            |
| Conference  | Outdoor Event/offsite   | Team Building         |
| Fun Games   | Sales Incentive / Award | Strategic Partnership |
| Networking  | Birthday                | Private Party         |
| Anniversary | Graduation party        | Freshers' party       |
| Wedding     | Naming ceremony         | Sangeeth Sandhya      |

Kindly specify if any other:

What is the name of your event (optional)?:

What is the estimated overall budget (Optional)?:

Who pays for the program?

|           |          |                      |      |
|-----------|----------|----------------------|------|
| Attendees | Sponsors | Company/Organization | Self |
|-----------|----------|----------------------|------|

Kindly specify if it is an individual private party/celebration:

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? | N/A<br>Quarterly | Annual<br>Monthly |
|----------------------------------|------------------|-------------------|

Where will the event be held?

Is the venue already contacted?                      Yes                      No

What is the approximate attendance?

Minimum:

Maximum:

What is the reach of your attendance (Optional)?

% Local:

% Out of town:

% 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 provided by  
www.shopanevent.com (Please select all that apply or leave it blank)

Event Logistics Services

Professional Planners

Site Selection

Stage, set and backdrop design

Keynote Speaker & Talent Sourcing

Speaker Coordination

Ground Transportation Coordination

Special Activities & Spouse Programs

Legal Compliance / Licenses

Stage & Set Design\*

Audio Visual and Lights Coordination\*\*

Photography & Video Production\*\*\*

\* Or partial decor, kindly specify:

\*\* Or only Audio/video/lights, Kindly specify

\*\*\*Or only photo/video/hard copy/soft copy, Kindly specify:

Kindly Write in brief about aspects like, Whether you would like an outdoor event or an indoor one, The colour schemes of your event, approximate number of attendees, any special guests and work around needs to be done from our end and if you have some information to share that can make the event better etc.:

Thanks and Regards  
Team Shop An Event  
Sprinkling Joy  
[www.shopanevent.com](http://www.shopanevent.com)

