



Event Services Questionnaire

Please mail, email, or fax this questionnaire to:
MWMCA, P.O. Box 29602, Baltimore, Maryland 21216
Telephone: 443-759-8580 • Fax: 888-609-8318
E-mail: wrf@mwmca.org ; Web site: www.mwmca.org

Company Name: _____

Contact's Name & Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from firm's address): _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____ Business Number: _____

Fax Number: _____ Cell Number (Optional): _____

Alternate Contact's Name & Title: _____

E-mail address: _____ Business Number: _____

****Please complete the following questionnaire with as much details as possible. If a question is not applicable to your event, or if the answer is unknown, please indicate this with either "N/A" or "Unknown." Thank You!****

1.) What is your event theme?

2.) What are your specific objectives (educational, recognition/celebration, fundraising, outreach, etc.) for this event?

3.) What type of event would you prefer to accomplish your objectives (breakfast, luncheon, cocktail reception, dinner, lecture/presentation, seminar, etc.)?

4.) Who is your targeted audience for this event?

5.) Is this event solely hosted by your company/organization or jointly with another company/organization?

6.) Do you have a proposed budget for this event? If so, what is the amount of your proposed budget?

7.) Will you have sponsors for your event? If yes, who are your current sponsors? Yes No

8.) Is there a cost for guests to attend the event? If yes, how much? Yes No

9.) What geographical region (City, County, etc.) would you like for the event to be held?

10.) What type of venue (hotel, community building, your office space, banquet hall) would you prefer to utilize for this event? **If you have a specific location you'd like to use, please indicate it here.**

11.) Is there a **preferred time of the day** (morning, mid-day, evening, etc.) you'd like the event to be held, or **do you know the exact starting and ending time** the event will be held?

12.) What date(s) would you prefer your event be held?

13.) How many guests are expected to attend your event?

14.) Would you like for your guest to have name badges? Yes No

15.) Is registration/RSVP required for guests to attend? Yes No

16.) Do you have a preferred style of seating for your event (classroom, stadium, etc.)

17.) Will you have speaker(s)/presenter(s) at this event? If so, please identify their name(s), title(s), and business name(s).

18.) What type of information will be presented at the event?

19.) Will audio/visual equipment be needed for this event (microphone, podium, PowerPoint, projector, etc.)? If yes, what type? Yes No

20.) If this event will be providing food/beverages to guests, what type of food/beverage items do you envision (continental breakfast, lunch, snacks, appetizers, dinner, etc.)?

21.) Will your event need print/electronic marketing materials (fliers, postcards, web banners, etc.) to be designed by MWMCA, be handled in house by your company/organization, or be a collaborative effort between MWMCA and your company/organization?

22.) Will your event need marketing/advertising services (targeted e-alerts, newsletter posting, website advertising, etc.) through MWMCA, be handled in house by your company/organization, or be a collaborative effort between MWMCA and your company/organization?

23.) After the event is completed, would you like any follow-up contact with your guests to get their opinion, thoughts, and views on the event (survey, questionnaire, etc.)? If yes, please indicate the type of post event contact that you'd prefer? Yes No

Additional Event Comments: _____
