

Quercus Management
 410-823-1789
 info@quercusmanagement.com

Background Information and Project Evaluation

Company Name:

Company Web Site:

Primary Contact:

Contact Title:

Other Contact:

Phone No: Fax No:

E-Mail Address:

Event Website:

Event Name:

Mailing Address:

Please provide as much detail as possible. If you are unsure or do not know something just say so. The goal of this form is to help us , help you

Contact Preference: Phone Email | If phone, preferred time of day:

Type of Event:

Purpose of Event:

of Days: Times: Meals provided:

<u>Item</u>	<u>Anticipated</u>	<u>Previous Year</u>	<u>2 Year Ago</u>
Attendees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exhibitors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speakers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sponsors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Room Nights	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meeting Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

If a category is not relevant to your event, just leave it blank or write in N/A.

Use the other line to tell us what you want us to know

Other:

We Are: Completely Organized Mostly Organized Kind of Organized
 Not Really Organized Definitely Not Organized