

CLIENT INFORMATION

Company:

Contact Name:

Preferred Contact Phone Number or E-Mail Address:

Previous Events Completed with Robyn Davis:

EVENT INFORMATION

*Please be as specific as possible in describing your event needs below.*

Event:

Location:

Dates and Hours Requested (including any additional training, on-site preparation/wrap up, evening receptions/working meals, and booth hours):

Booth Size:

Staff Attending:

What are your specific goals for this event?

“Needs” Goal –

“Wants” Goal –

Changes (ie. responsibilities, attire, offerings presented, etc) from prior engagement:

Preferred Payment Method(s) for Retainer(s):

Check

Bank Transfer

Credit Card

Preferred Payment Method for Balance:

Check

Bank Transfer

Credit Card

OTHER NEEDS

General Pre-Show Advice

General Post-Show Advice

Preparations Schedule

Follow Up Planning

Literature Design Editing

Evaluation of On-Site Practices

Something Else:

FUTURE PLANNING

Are you submitting any other event requests at this time?

Yes

No

At which other events will you be exhibiting (in the next 12 months)?

Additional comments:

*Thank you for considering When I Need Help for your event needs!*

*You will receive a response within 24-48 hours – for more immediate needs, please call (614) 657-7412.*