



# Elite Events Management Group, LLC

## Request for Information

**CONSULTANT:** **Katrinia R. Williams**

Please complete the below information.

<b>Event Name:</b>	
<b>Client Acct#:</b>	
<b>Event Date:</b>	
<b>Event Start Time:</b>	
<b>Event End Time:</b>	
<b>Desired Location:</b>	
<b>Event Theme:</b>	
<b>Event Colors:</b>	
<b>Estimated Attendance:</b>	
<b>Event Budget:</b>	
<b>Event Sponsors:</b>	
<b>Menu of Services Requested:</b>	

**Event Purpose:**

**Your Vision:**

Please describe your vision for the event:

**Do you desire any of the following: Facebook Invite or Page, Powerpoint Presentation, Save the Date Cards?**

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Please provide the below information:

Full Name:	
Contact Number:	
Email Address:	
Best Time to Call:	
Honoree's Name:	
Honoree's DOB:	
Honoree's Address:	
Event Date:	
Event Time:	
Verify Event Theme:	