ALLEGHENY COUNTY BAR ASSOCIATION

EVENT PLANNING FORM

Please complete this ACBA event planning form and submit it to Tracy Torisky at ttorisky@acba.org at least 60 days prior to the date of your program.

Event Contact:						
Address:						
Phone:	Email:					
Presenting Committee/Division	on/Section:					
Date of Event:	Start Time:	End Time:				
*Please make every effort to ensure	e that your venue is accessible to	•				
Event Name/Title:						
		Last Day to Register:				
Purpose/Type of Event:						
EVENT DESCRIPTION This information will be used the ACBA may edit the conte	-	ing materials for your program. Note purposes.				

Who is the event open to? (Check all that apply.)						
☐ Committee/Division/Section Only ☐ All ACBA Members ☐ Guests						
What is the cost to attend?						
Committee/Division Section Cost ACBA Member Cost Guest Cost Law Student Cost						
Food & Beverage (check all that apply):						
□ Breakfast □ Lunch □ Dinner □ Hors D'oeuvres □ Plated/Served □ Buffet						
□ Breaks/Snacks □ Water/Soda □ Coffee/Tea						
☐ Alcohol If yes: ☐ Cash Bar ☐ Open Bar ☐ Drink Tickets – how many?						
Room Setup:						
☐ Podium ☐ Registration Table ☐ Stage/Riser ☐ Panel Table ☐ Lecture (chairs only)						
☐ Classroom (tables & chairs) ☐ Dinner/Lunch (rounds of 8-10) ☐ Reception (cocktail tables)						
□ Other:						
Notes:						
A/V Requirements:						
☐ Microphone ☐ Projector/Screen ☐ Laptop ☐ Laptop w/sound						
Additional Requirements:						
☐ Nametags ☐ ACBA Staff Person (Registration, etc.) ☐ Signage/Sponsor Poster						
☐ FOR YLD ONLY, add link to registration page for YLD Scholarship Fund						
Other:						
Is this event (reception/holiday party) associated with a CLE? $\ \square$ Yes $\ \square$ No						
Do you plan to solicit sponsors for the event? \square Yes \square No If yes, who are you interested in soliciting? (Note that potential sponsors must be approved by the ACBA before the sponsorship request can be made.)						

Not	tes:			

Revised 1/8/24.