

## **EVENT PLANNING FORM**

Please complete this ACBA event planning form and submit it to LeeAnn Falcon at <a href="mailto:leeAnn-falcon">leeAnn-falcon</a> at least 60 days prior to the date of your program.

Event Contact:						
Address:						
Phone:	Email:					
Presenting Committee/Divis	ion/Section:					
Date of Event:	Start Time:	End Time:				
Event Location*: *Please make every effort to ensu	re that your venue is accessible to al	Budget: I members of the ACBA.				
Event Name/Title:						
Estimated # of Attendees: _	Last Day	Last Day to Register:				
Purpose/Type of Event:						
	d for development of marketinent for stylistic or marketing p	ng materials for your program. Note urposes.				

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:
$\square$ Nametags $\square$ ACBA Staff Person (Registration, etc.) $\square$ Signage/Sponsor Poster
☐ <b>FOR YLD ONLY,</b> 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.)

Notes:			

Revised 3/11/24.