



## MEETING & EVENT QUESTIONNAIRE

### CONTACT & ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Organization Type (check all that apply):

- Campus Department       SFSU Student       Individual not affiliated with SFSU
- Educational Institution       Government       For-profit       Non-profit\*

\*If non-profit, is it also tax exempt?  YES  NO (IRS determination letter will be needed)

What is mission statement of the organization?

Can the organization provide the University with a Certificate of Liability Insurance and Additional Insured Endorsement form, per the University's requirements?  YES  NO (If not, the option to purchase direct from SF State is available)

### AUTHORIZED PERSONNEL TO SIGN CONTRACT (if different from above)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### BILLING CONTACT (if different from above)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### EVENT INFORMATION

Official Event Name: \_\_\_\_\_

Purpose of Event:



Planned Activities (please attach daily schedule, agenda or flyer, as appropriate):

**VENUE INFORMATION**

What venue(s) are you looking for? (check all that apply):

- Conference Center       Event Center       Performance Venue       Classroom & Lecture Hall
- Indoor Athletic Venue       Outdoor Multi-Purpose Recreational Space       Outdoor Athletic Venue

Do you have a specific venue in mind?  YES  NO If yes, please list:

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Besides the main venue, will you need other rooms/venues?  YES  NO

If yes, how many and what type?

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**ATTENDANCE**

Total Estimated Attendance: \_\_\_\_\_ Daily Estimated Attendance: \_\_\_\_\_

Age Range of Attendees: \_\_\_\_\_ Number of Youth(s) in Attendance\*: \_\_\_\_\_

\*Please Note: Any youth(s) in attendance requires a 1 to 10 ratio between adult to youth. A release of liability form will be required for youth participating in conference/event programs. A "minor" or "youth" is defined as any person under 18 years of age.

Do you expect any high profile individuals?  YES  NO

If yes, who? \_\_\_\_\_

**EVENT DATE(S) & TIME(S)**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Guest Arrival: \_\_\_\_\_ Guest Departure: \_\_\_\_\_

**SET-UP/LOAD OUT DATE(S) & TIME(S)**

Include the date & time your team will arrive to setup through time your last team member will depart from event.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Set-up Start Time: \_\_\_\_\_ Load Out Time: \_\_\_\_\_

If the event has multiple dates with various locations, please include the details below:



**SEATING CONFIGURATION** (Seven Hills & Towers Conference Center only) [View configurations](#)

Please Note: Academic classroom seating style cannot be altered, contact the Event Services Coordinator for more details.

- Banquet       Cabaret       Reception       Column, Square or U-Shape
- Boardroom       Classroom or Lecture       Workshop       Other (describe below):

Please describe set-up including registration/check-in, panel discussion, poster sessions, breakout sessions, and informational tables:

**AUDIO/VISUAL**

Will A/V equipment needed?  YES  NO

If yes, please check all that apply:

- Projector       Projector Screen       Portable Screen       Stage       Flat Screen TV
- Audio Recording       Sound System       Dance Floor       Laptop       PowerPoint Clicker
- Adaptors (MAC)       Microphones       Podium       Easels       Flip Charts
- Conference Speakerphone       Webcam       Other (describe below):

Please describe media being played:

Will you be conducting a Webinar/Virtual Meeting?  YES  NO

If yes, please describe the Webinar/Virtual Meeting content you will be streaming:



**FOOD & BEVERAGE**

Will your conference/event require catering services?  YES  NO

If yes, please check all that apply:

- All Day Service     Breakfast Service     Buffet Lunch Service     Box Lunches
- Snack Service     Dinner Buffet     Plated Meal Service     Cocktail Reception
- Bar Service     Cold Beverage Service     Hot Beverage Service     Other (describe below):

If no, will you be providing food & beverage?  YES  NO

If yes, please check all that apply:

- All Day Service     Breakfast Service     Buffet Lunch Service     Box Lunches
- Snack Service     Dinner Buffet     Plated Meal Service     Cocktail Reception
- Bar Service     Cold Beverage Service     Hot Beverage Service     Mock-tails
- Potluck     Delivery     Other (describe below):

Who will be providing the above selected food and beverage?

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Will your conference/event serve alcohol?  YES  NO

If yes, what type of alcohol service? (Please Note: An Alcohol Clearance Form is required)

**MISCELLANEOUS INFORMATION**

Will the event be open to the public or private?  Public  Private

Does this event require a ticket for attendance?  YES  NO

Is there a fee to attend this event?  YES  NO If Yes, What is the cost? \_\_\_\_\_

Will there be monetary transactions?  Cash     Credit Card     E-commerce     Not Applicable



**SAN FRANCISCO  
STATE UNIVERSITY**

**Conference & Event Services**

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San Francisco, CA 94132

[hdcsces@sfsu.edu](mailto:hdcsces@sfsu.edu)

P: (415) 405-8003 | F: (415) 406-4105

Will there be any auctions, donations, vendors, concessionaires, exhibitors, fireworks, carnival rides, inflatable activities, amplified sound, or live music?  YES  NO If yes, please list:

How will the event will be advertised?

Can we list your event on the University events public forum?  YES  NO

Will any part of your conference/event be filmed?  YES  NO

If yes, please describe purpose of filming and type of media to be shown (TV, private use, web, and screen).