

State of Alaska Event Success Profile

PART A: Primary Event Information

Event Name:								Add information here									
Description of Event:								Describe event here, including purpose.									
Preferred Event Dates				Add information here				Event Date 2nd choice		Add information here				Event Date 3rd choice		Add information here	
Geographic Location Preference (City, State)								Add information here									
Has Agency hosted this event before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, date of most recent event?		Add information here		What is the frequency of this event?		<input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> More often than quarterly		How many times was event previously held?		Add information here			
Most Recent Event Website URL								Add information here									
Sponsoring Agency Name:								Add information here									
Type of Agency?								{create dropdown} 1) State Agency; 2) Political Subdivision (Municipality or Borough); 3) Board or Commission; 4) Univ of Alaska; 5) Legislative Branch 6) Other									
Agency Primary Contact Name								Add information here									
Agency Primary Contact Title								Add information here									
Agency Primary Contact phone		Office		Add information here		Mobile		Add information here		Preferred method of communication		{create dropdown} Office phone; 2) Cell phone; 3) Email					
Agency Primary Contact email								Add information here									
Agency Secondary Contact Name								Add information here									
Agency Secondary Contact Title								Add information here									
Agency Secondary Contact phone		Office		Add information here		Mobile		Add information here		Preferred method of communication		{create dropdown} Office phone; 2) Cell phone; 3) Email					
Agency Secondary Contact email								Add information here									
Agency Authorizing Contact								Please provide name, telephone number and email address here.									

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PART B: Venue Requirements

General Session/Meeting											Describe the plans for General Session Activity, including if it will be daily.														
General Session Space Configuration											{create dropdown here} 1) Auditorium Seating; 2) Classroom Seating; 3) Workshop Seating (table rounds)														
General Session Participant Count											Day 1	Insert #	Day 2	Insert #	Day 3	Insert #	Day 4	Insert #	Day 5	Insert #					
Will there be a Keynote Speaker?											<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what day and time of the event?			Add information here									
General Session AV Requirements											<input type="checkbox"/> Wireless Microphone <input type="checkbox"/> Projector & Screen <input type="checkbox"/> Audience Participation Microphone <input type="checkbox"/> Special Lighting														
Breakout Session Requirements											Day 1 AM	How many rooms?	Day 2 AM	How many rooms?	Day 3 AM	How many rooms?	Day 4 AM	How many rooms?	Day 5 AM	How many rooms?					
											Day 1 PM	How many rooms?	Day 2 PM	How many rooms?	Day 3 PM	How many rooms?	Day 4 PM	How many rooms?	Day 5 PM	How many rooms?					
Breakout Session Space Configuration											{create dropdown here} 1) Auditorium Seating; 2) Classroom Seating; 3) Workshop Seating (table rounds)														
Breakout Session Participant Count											Day 1 AM	Insert #	Day 2 PM	Insert #	Day 3 PM	Insert #	Day 4 PM	Insert #	Day 5 PM	Insert #					
											Day 1 PM	Insert #	Day 2 PM	Insert #	Day 3 PM	Insert #	Day 3 PM	Insert #	Day 5 PM	Insert #					
Breakout Session AV Requirements (choose all that apply)											<input type="checkbox"/> Wireless Microphone <input type="checkbox"/> Projector & Screen <input type="checkbox"/> Audience Participation Microphone <input type="checkbox"/> Special Lighting														
Will there be an Exhibition at this Event?											<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, will there be Exhibitor Booths?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be charging for booth space?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Please indicate exhibitors you expect (check all that apply)		<input type="checkbox"/> Vendors <input type="checkbox"/> Educators <input type="checkbox"/> Participants <input type="checkbox"/> Other	
Will Sponsorships be needed for this Event?											<input type="checkbox"/> Yes <input type="checkbox"/> No		Describe the type of Sponsor appropriate for this event.			Add information here									
How Many Guest Lodging Rooms Needed for this Event?											Day 1	Insert #	Day 2	Insert #	Day 3	Insert #	Day 4	Insert #	Day 5	Insert #					
Special Venue Considerations or Needs (choose all that apply)											<input type="checkbox"/> Breastfeeding room <input type="checkbox"/> Speaker/VIP Green <input type="checkbox"/> Office Equipment Available <input type="checkbox"/> Free Wi-Fi <input type="checkbox"/> Parking Rates <input type="checkbox"/> ADA Accommodations <input type="checkbox"/> Guest Room upgrades for Speakers/VIP Guests <input type="checkbox"/> Other														
Parking Requirements											Day Parking needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		# Day parking spaces needed per day			Insert #		Minimum # hours needed for Day Parking		Insert #			
											Overnight Parking needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		#Overnight parking spaces needed per day			Insert #		Minimum # hours needed for Overnight parking		Insert #			
Will Agency validate parking expense for attendees/participants?											<input type="checkbox"/> Yes <input type="checkbox"/> No														

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PART C: Food & Beverage Requirements										
Do you have a Food & Beverage Budget? (e.g., Food Memo?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is your maximum Food & Beverage Budget?	Insert \$	Any special Food & Beverage Restrictions?	Please describe					
Do you want a welcoming Reception the night before the event begins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe how you envision the welcoming reception.								
Food & Beverage Needs (This assumes that all-day coffee service will be required each day.)	Day 1		Day 2		Day 3		Day 4		Day 5	
	Breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continental <input type="checkbox"/> Buffet <input type="checkbox"/> Plated	Breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continental <input type="checkbox"/> Buffet <input type="checkbox"/> Plated	Breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continental <input type="checkbox"/> Buffet <input type="checkbox"/> Plated	Breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continental <input type="checkbox"/> Buffet <input type="checkbox"/> Plated	Breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continental <input type="checkbox"/> Buffet <input type="checkbox"/> Plated
	AM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	AM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	AM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	AM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	AM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Buffet <input type="checkbox"/> Plated <input type="checkbox"/> Boxed	Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Buffet <input type="checkbox"/> Plated <input type="checkbox"/> Boxed	Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Buffet <input type="checkbox"/> Plated <input type="checkbox"/> Boxed	Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Buffet <input type="checkbox"/> Plated <input type="checkbox"/> Boxed	Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Buffet <input type="checkbox"/> Plated <input type="checkbox"/> Boxed
	PM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PM Snack <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Evening Reception <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Reception <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Reception <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Reception <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Reception <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dinner <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plated <input type="checkbox"/> Buffet	Dinner <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plated <input type="checkbox"/> Buffet	Dinner <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plated <input type="checkbox"/> Buffet	Dinner <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plated <input type="checkbox"/> Buffet	Dinner <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plated <input type="checkbox"/> Buffet
Are there other Food & Beverage requirements that are not shown here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe any daily Food & Beverage requirements that differ from above.								
Are Sponsorships Required for any meal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe the type of Sponsor that is appropriate and for which day/Meal.								
Will there be any additional social activities at this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe additional social activity and indicate placement during the event.								
Special Food & Beverage Considerations or Needs (choose all that apply)	<input type="checkbox"/> All-day coffee service <input type="checkbox"/> Protein-rich PM Snacks <input type="checkbox"/> Check-in reception/refreshments for Overnight Guests <input type="checkbox"/> Free Wi-Fi <input type="checkbox"/> Environmentally Friendly service (minimal use of disposable napkins, cups, etc.) <input type="checkbox"/> Other									

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PART D: Event Specifications									
Expected Attendance	Highest Expected Attendance	Insert #	Lowest Expected Attendance	Insert #	Men	Insert #	Women	Insert #	
Agenda	(Describe key elements of agenda. If complete agenda not yet known, please provide summary of substantive plans)								
General Session Content	Will there be a Keynote Speaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where there be a Center Stage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will a podium be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be a panel discussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Support Personnel Available (check all that apply)	<input type="checkbox"/> Committee(s) <input type="checkbox"/> Staff <input type="checkbox"/> Temp Staff		<input type="checkbox"/> Volunteers		Other Event Partners (check all that apply)	<input type="checkbox"/> Participants <input type="checkbox"/> Vendors	<input type="checkbox"/> Patrons/Supporters <input type="checkbox"/> Sponsors/Co-Sponsors	<input type="checkbox"/> Students/Interns	
Event Purpose (select all that apply)	<input type="checkbox"/> Education/Training <input type="checkbox"/> Governed Mandate <input type="checkbox"/> Policy Development <input type="checkbox"/> Networking <input type="checkbox"/> Commemoration <input type="checkbox"/> Celebration <input type="checkbox"/> Appreciation <input type="checkbox"/> Motivation <input type="checkbox"/> Cause-Related Support <input type="checkbox"/> Recognition <input type="checkbox"/> Recruitment <input type="checkbox"/> Team Building <input type="checkbox"/> Entertainment <input type="checkbox"/> Incentive/Reward <input type="checkbox"/> Community Engagement <input type="checkbox"/> Other: Please Describe								
Event Objectives	Please describe specific objectives for the event								
Event Success Evaluation Criteria	Please describe								
Are there other Contractors working on this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Contractor name, and its role within the event							
Event Website vs. Basic Registration Website?	Explain needs for web presence: Event Website can maintain all event documents beyond the life of the event this year VS Basic Registration Website, which has information available for limited time following the Event								
Will program materials need to be printed or available on website?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe materials here							
Would you like to enhance attendee communication & reduce paper with a Mobile Conference App?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe materials here							
Do you need a photographer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are photo releases needed for attendees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need a videographer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this event be audio recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will Media be at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will Media passed be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Would you like this to qualify as a Green Star Event (approved green practices about which we can guide you)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe any specific interests to make your event environmentally friendly.							
Will Continuing Education Units to be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the Name of the Accredation Body?	Add information here						

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Is this event part of a larger program/event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the position of this event within the overall schedule of events?	Add information here				
Specific Activities or Elements That Must Be Incorporated	Add information here (e.g., Entertainment; Gifts; Amenities)						
Will there be Speakers or VIP Guests at this Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will Honoria be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your budget for Honoria?	\$ amount	How many Speakers or VIPs?	Insert #
Will Speakers/VIP Guests travel to Alaska?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Nights of Lodging required for Speakers or VIP Guests?	Insert #	What is your maximum travel budget for each speaker? (airfare + local transportation + lodging)		\$ amount	
Will Dignitaries be attending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide name(s) of Dignitaries.					
Security Information: Will Security be required for Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide Dignitary Point of Contact for Security Requirements?					
Special Requests/Requirements	Add information here						

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PART E: Attendee Profile Data

Who will be attending? (include attendees and any other participants)											Add information here										
Position or Profession											Add information here										
Educational Level/Background											Add information here										
Who is the IDEAL attendee? (Please describe in detail.)											Add information here										
Where are attendees coming from?											Add information here										
Cultural Background or Restrictions											Add information here										
Previous Attendance at Similar Events											Add information here										
What is the Gender & Age Distribution of the attendees?											Men	Insert #	Women	Insert #	Average Age	Insert #	Spouse/Companion attendance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Children attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will students be attending in Event											<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> College/University <input type="checkbox"/> Other		<input type="checkbox"/> High School		How many students are expected to attend?				Insert #	
How will students be involved in this event?											Describe student involvement plans										
Group Personality (Check all that apply)											<input type="checkbox"/> Participatory/Active <input type="checkbox"/> Spectator/Passive <input type="checkbox"/> Mature <input type="checkbox"/> Serious <input type="checkbox"/> Competitive <input type="checkbox"/> Fun/Interactive <input type="checkbox"/> Adventurous <input type="checkbox"/> Adult Oriented <input type="checkbox"/> Family Oriented <input type="checkbox"/> Rugged/Outdoors <input type="checkbox"/> Special Needs/ADA Accommodations <input type="checkbox"/> Other Please describe										
What are your expectations for this Event?											Please describe										
What are the attendees' expectations?											Please describe										
Why do they attend this Event?											Please describe										
If Event was held before, what has been done at previous Event?											Please describe										
Describe experience of previous Event											A) What did attendees like?					B) What did attendees NOT like?					
How do you want attendees to <i>feel</i> after the Event?											Please describe										
What do you want attendees to <i>think</i> after the Event?											Please describe										
What do you want attendees to do because of the Event?											Please describe										

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PART F: Event Design	
Anticipation	<input type="checkbox"/> Advertising/Promotion/Public Relations <input type="checkbox"/> Invitations/Brochures/Registration Materials <input type="checkbox"/> Social Media Presence <input type="checkbox"/> Printing & Postage <input type="checkbox"/> Mailing Lists <input type="checkbox"/> Other (please describe)
Arrival	<input type="checkbox"/> Meet & Greet/Reception Packet <input type="checkbox"/> Parking Services <input type="checkbox"/> Admissions/Credentials <input type="checkbox"/> Registration <input type="checkbox"/> Attendee Services VIP/Speaker Needs <input type="checkbox"/> Other (please describe)
Atmosphere	<input type="checkbox"/> Space Design <input type="checkbox"/> Lighting <input type="checkbox"/> Sound <input type="checkbox"/> Furnishings <input type="checkbox"/> Staging Requirements <input type="checkbox"/> Special Storage Requirements <input type="checkbox"/> Signage Requirements e.g., (sponsor recognition) <input type="checkbox"/> Telecommunication Needs/Wi-Fi <input type="checkbox"/> VIP Accommodations/Green Room <input type="checkbox"/> Other (please describe)
Activity	<input type="checkbox"/> Live Music/Entertainment <input type="checkbox"/> Recorded Music <input type="checkbox"/> Exhibits/Demonstrations <input type="checkbox"/> Interactive/Games <input type="checkbox"/> Other (please describe)
Amenities	<input type="checkbox"/> Gifts/Attendee Swag Bag <input type="checkbox"/> Prizes <input type="checkbox"/> Event Logo Merchandise <input type="checkbox"/> Collateral/Conference Materials/Binders <input type="checkbox"/> Name Badges <input type="checkbox"/> Other (please describe)
Event Theme (if any):	Add information here