Document: CBLR Event - #1394

Date Recorded:12-5-2017 09:12:17
Submitted By: Renee Spivey

Q1. Please enter the following for the Event/Workshop Leader: First Name, Last Name
Client: Renee

Division: Spivey

Q2. Email Address of Workshop Leader
Email:

Q3. Name of Event:
Women of Worth

Q4. Description of Event (This will appear in the Schedule if selected):
An interactive time of inspiration, motivation and encouragement.

Q5. List authors who will participate in this event:
Renee Spivey

Q6. What is the maximum capacity this event can hold? Guestimate:
50

Q7. Will you need audio/video assistance for the event: micrphone, speakers, etc.?
- ❍ No, none will be needed
- ❍ Yes, but I will bring the AV equipment
- ❍ Yes, I will need microphone & speakers
- ❍ Yes, I will need a projector.

Q8. We would like an event to have refreshments. The event as you have proposed it will it have refreshments?
- ❍ No Refreshments
- ❍ Yes, it will be a treat like cookies that I will bring prepackaged for participants.
- ❍ Yes, the event will need light refreshements. Please send a quote for the number of participants for this event.
- ❍ Yes, the event will need a meal. Please send a quote for the number of participants for this event.

Q9. Are you looking for others authors to partner with to help you with this event?
- ❍ No, the event is complete. No additional members are needed.
- ❍ Yes, I am looking for more authors for 3 more authors.
- ❍ Yes, I am looking for more authors for 2 more authors.
- ❍ Yes, I am looking for more authors for 1 more authors.

Q10. Do Not Edit this field: Selected #
Input

Q11. Do Not Edit this field: Start Time of Event:
Input

Q12. Do Not Edit this field: End Time of Event
Input

Q13. Do Not Edit this field: Day of Event
Input

Q14. Do Not Edit: Room/Venue Number
Input

Q15. Additional Comments:
Input