

EVENT PLANNING FORM

KINGSTON FACILITY:	DATE OF EVENT:		TIME OF EVENT:
NAME OF EVENT:			
EVENT GOAL:			
INTERNAL SUPPORT NEEDED:			
FOOD & BEVERAGE:			
SUPPLIES & BUDGET:			
PREPARATION TIMELINE: • • • • •			
THINGS TO CONSIDER:			
(Inclement weather plan, coatrack, umbrellas, snow removal, de-ice sidewalks, escorts, stocked bathrooms, rentals, indoor/outdoor safety, parking, photography, etc.) (If there is another sponsor of your event, WHAT are they doing to promote it?)			
DESIGN REQUESTS: (Check box if needed)		Check box if need Press Rele Email Copy	ase Requests (Wording) ia Copy (Wording)
Did you submit your Design Services weeks (about 1 and a half months) in Design Services Request	advance?		is completed form to Jordan Tomase tonhealthcare.com



Print and Scan back to Codi-Ann at cjeske@kingstonhealthcare.com

