

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:

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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)

- ☐ Flyer
- ☐ Invitations/RVSP
- ☐ Digital Graphics

Did you submit your Design Services Request form 6 weeks (about 1 and a half months) in advance?

[Design Services Request](#)

PR & COMMUNICATION REQUESTS:

(Check box if needed)

- ☐ Press Release Requests
- ☐ Email Copy (Wording)
- ☐ Social Media Copy (Wording)
- ☐ Collateral Content

If needed, email this completed form to Jordan Tomase at jtomase@kingstonhealthcare.com



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

