



VIRTUAL ENGAGEMENT INTAKE FORM

NAME: _____

DATE: _____

DEPARTMENT: _____

EVENT HOST/MC: _____

TECHNICAL HOST: _____

CO-HOSTS: _____

OFFICIAL EVENT TITLE: _____

EVENT DATE: _____ **START TIME:** _____ **END TIME:** _____

EVENT TYPE:

Lecture Panel Lab Tour Workshop Other (specify):

PLATFORM:

Zoom Zoom Webinar Remo Other (specify):

EVENT FORMAT:

Livestream Meeting Pre-Recorded Other (specify):

NUMBER OF SPEAKERS: _____ **EXPECTED NUMBER OF PARTICIPANTS:** _____

NAME(S) OF SPEAKERS: _____

REQUIRED FEATURES:

Chat enabled Polls Share slide show Share video
Recording (specify location): Other (specify):
Breakout rooms
Number of rooms: _____
Pre-assigned Randomly assigned Assigned in meeting

SECURITY

Password Waiting Room

SWAG/GIFTS:

For all attendees For speakers For primary donors
Mailed in advance Dropped off Picked up

POST-EVENT FOLLOW-UP:

Email (ADA) Email (Marketo) Include Recording (specify location):

BUDGET: _____ **BUDGET NUMBER:** _____

ADDITIONAL INFORMATION: