

The ComedyCures Foundation Event Proposal Form



Contact Information

Today's Date _____

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Cell/Beeper: _____ Email: _____

Event Information (Send supporting info if available)

Name of Event: _____

Event Description: _____

Program Outline/Rundown _____

Date: _____ Time of Event: _____ Program Time: _____ Length: _____

Location of Event: _____

Room Set-up _____

Desired Program:

- _____ Keynote/Motivational Speech
- _____ Panelist/Expert/Training
- _____ Humor Program with Comics
- _____ Joke Book Program or Pen Pal

Audience:

- _____ Children
- _____ Adults
- _____ Families
- _____ Public/Patients

Press/Media:

- _____ Yes
- _____ No
- _____ Maybe

AV Availability:

- _____ TV/VCR or TV/DVD
- _____ CD Player/Stereo/Speakers
- _____ Microphone
- _____ PowerPoint & Screen
- _____ Overhead & Screen

Will performance/speech take place on a stage: _____ Yes _____ No

Place to display materials? _____

Event Gift Bags? _____

Banner Display _____

Describe Any Specific Needs:

Estimated Size of Audience: _____ Age Range: _____ Population _____

Preferred Event Attire (casual, formal, etc): _____

Speaker Fee Budget: _____ Price of Ticket: _____

Event Sponsors _____ Referred By: _____

Please return this completed form to:

The ComedyCures Foundation Attention: Volunteer Coordinator
500 Route 17 South Suite 205 , Hasbrouck Heights, NJ 07604
Ph: (201) 727-1770 Fax: (201) 727-1776
info@comedycures.org www.comedycures.org