



The ComedyCures Foundation Virtual/Live Event Proposal Form

Date _____

Name: _____

Organization: _____

Address: _____

Phone: _____ Ext: _____ Cell: _____

Email: _____

Website: _____ Facebook: _____

LinkedIn: _____ Twitter: _____

Instagram: _____ Pinterest: _____

Event Information (Please send supporting info if available.)

Name of Event: _____

Event Website: _____

Event Description/Program Outline/Rundown: _____

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

Event Location: _____

If Live, what is the room Set-up: _____

Digital Platform (Zoom, Webex, other): _____

If Virtual, will the event be interactive? ___ Yes ___ No If yes, please describe: _____

Desired Program:

- _____ Keynote/Motivational Speech
- _____ Panelist/Expert
- _____ Humor Event with Comics
- _____ Workshop
- _____ Support Group
- _____ LaughingLunch™
- _____ Wellness Jokebook™
- _____ Laughter Summit™
- _____ Developing Your Comic Perspective™
- _____ JokeFest Game Show™ – Family Version
- _____ Joke Fest Game Show™ – Adult Version
- _____ Saranne Only
- _____ Customized Event

Audience:

- _____ Corporation
- _____ Non-Profit Org
- _____ Community
- _____ Religious
- _____ Celebration
- _____ Adults
- _____ Children
- _____ Families
- _____ Patients
- _____ Caregivers
- _____ Medical Staff
- _____ Volunteers
- _____ Employees
- _____ First Responders / Type: _____
- _____ Other: _____

Frequency of Your Event:

- _____ Annually _____ New
- _____ Weekly _____ New
- _____ Monthly _____ New
- _____ Sporadically
- _____ One Time Only



Describe Any Specific Needs: _____

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

Additional Details for Live Event:

AV Availability: Do you have an AV person _____ Yes _____ No
_____ TV/USB or TV/DVD _____ iPhone port/CD Player/Stereo/Speakers
_____ Microphone _____ Screen

Will performance/speech take place on a stage? _____ Yes _____ No
Will there be a place to display materials? _____ Yes _____ No
Are there event gift bags? _____ Yes _____ No
Can we display banners? _____ Yes _____ No
Will there be any press? _____ Yes _____ No _____ Maybe

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

Additional Details for Virtual Event (Please note that there could be additional charges):

Will your organization arrange all virtual production for this event or would you like ComedyCures to arrange?

_____ Client will arrange all production. _____ You would like ComedyCures to arrange (additional fees apply).

If you would like ComedyCures to arrange/produce your virtual event, please check all that apply:

_____ Breakout rooms _____ Q&A Session _____ Meet & Greet Session _____ Video
_____ Polling _____ Quizzes _____ Online Icebreaker Game

_____ Other _____

_____ Livestream (with advance permission only): What platforms: _____

_____ Interactive Session: Please describe: _____

Budget

Speaker Fee Budget: _____ Approx. Event Budget: _____ Price of Ticket: _____

Do you have a speaker travel budget? _____ Yes _____ No

Event Sponsors: _____

Range of Sponsors: _____

Referred By: _____

***ComedyCures does not permit any events to be recorded unless agreed upon in advance.** (additional fees may apply.)

***ComedyCures requires a 50% non-refundable deposit to secure a program date.**

Programs may be considered on a sliding scale if they meet our criteria, and our funding resources are available.

Please return this completed form to:

The ComedyCures Foundation ~ 122 E. Clinton Avenue, Tenafly, NJ 07670
Ph: (201) 227-8410 ~ Fax: (201) 227-8411 ~ info@ComedyCures.org ~ www.ComedyCures.org