PROCONLIVE©
VISION TO LIFE

Client Form

[Please complete and tick the boxes where appropriate ï email to info@proconlive.com]

Client Details

Company Name _____

Contact Person _____

Designation _____

Department _____

Telephone Number _____

Cellphone Number _____

Email Address _____

Website Address _____

Event Details

Event Name _____

Date/s _____Duration_____

Venue _____

Province / Country _____

Budget _____

Objectives

Primary _____

Secondary _____

Special instructions

_____

_____

_____

_____

_____

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Registration Number: 2023/110278/07

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Corporate Retreats

STANDARD

Conference

Full Day	☐	In-Person	☐	Hybrid	☐
Half Day	☐	Morning	☐	Afternoon	☐

Number of Attendees In-Person_____ Remote_____

Seating Plan _____

Dietary Requirements _____

Accommodation

Entry level	☐	Mid-range	☐	Deluxe	☐
Single	☐	Sharing	☐	Twin Room	☐

Team Building

Venue	☐	Indoor	☐	Outdoor	☐

PREMIUM

Decor ☐

Entertainment (DJ, promotional staff, and entertainers) ☐

Technical (stage, sound, and lighting) ☐

Hybrid livestreaming (remote attendees) ☐

Event tech (mobile app, website, RSVPs and ticketing) ☐

Keynote speakers (meeting facilitators and coaches) ☐

Other:

Teambuilding (preferred partner) ☐

Activity (golf/spa, sightseeing tours) ☐

Flights & Transfers (preferred partner) ☐