PROCONLIVE
VISION TO LIFE

Questionnaire

[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 _____

Objectives

Primary _____

Secondary _____

Other (Please Specify)

_____

Special Instructions:

_____

_____

PROCONLIVE Pty Ltd
28 Knelsby Avenue, Hillcrest, KwaZulu Natal, South Africa 3650
www.proconlive.com I M: +27 (0)76 606 2312 I E: info@proconlive.com
Registration Number: 2023/110278/07

PROCONLIVE
VISION TO LIFE

Type of Event

Conference	☐	Retreat	☐	Event	☐
In-Person	☐	Hybrid	☐	Virtual	☐

Number of Attendees: In-Person_____ Remote_____

Frequency

Monthly	☐	Quarterly	☐	Annual	☐

Professional Services (Standard)

Conference	☐	Team Building	☐	Accommodation	☐
Activities (golf + spa)	☐	Transfers	☐	Other	☐

Additional

Hybrid / Virtual Hosting	☐
Livestreaming	☐
Virtual Event Platform	☐
Mobile App (Branded)	☐
Website (Branded Landing Page)	☐
RSVP + Ticketing (Online & Onsite)	☐

Other:

Branded Emails	☐
Event Analytics	☐

NetZero Carbon Events

Rate Importance from 1 ï 10 (1 least and 10 most) _____

PROCONLIVE Pty Ltd
28 Knelsby Avenue, Hillcrest, KwaZulu Natal, South Africa 3650
www.proconlive.com I M: +27 (0)76 606 2312 I E: info@proconlive.com
Registration Number: 2023/110278/07