

Mills Media Group

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CONFERENCE AND EVENT AUDIO VISUAL BRIEF

Company Name:	Main Contact:
Tel No:	Fax No:
Mobile No:	Date:
Address:	
Email address:	
Company website: www.	
Date you require our written proposal and visuals:	

SECTION I – CONFERENCE, DATES & VENUE

1. What is the name of the event?	
2. What is aim of the event?	
3. Who is attending? <i>How many delegates will attend?</i>	Staff <input type="checkbox"/> Customers <input type="checkbox"/> Public <input type="checkbox"/> Invited Guests <input type="checkbox"/> Members <input type="checkbox"/> 50-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-1,000 <input type="checkbox"/> 1,000+ <input type="checkbox"/> Please specify the actual number if known <input type="text"/>
4. What are the dates of the event?	From <input type="text"/> / <input type="text"/> / <input type="text"/> No of days <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>

<p>5. Please specify timings for the daytime?</p>	<p>Day 1 Start <input type="text"/> Day 1 Finish <input type="text"/></p> <p>Day 2 Start <input type="text"/> Day 2 Finish <input type="text"/></p> <p>Day 3 Start <input type="text"/> Day 3 Finish <input type="text"/></p> <p>Other days if applicable</p>
<p>6. Please specify timings for the evening, if applicable?</p>	<p>Evening 1 Start <input type="text"/> Evening 1 Finish <input type="text"/></p> <p>Evening 2 Start <input type="text"/> Evening 2 Finish <input type="text"/></p>
<p>7. Have you booked a venue? If so where & what size?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Venue Name:</p> <p>Function suite name & size:</p> <p>Contact Name:</p> <p>Telephone:</p>
<p>8. Have you done a recce?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>9. Have you booked additional time for rigging, rehearsals or de-rig?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please supply dates & times</p>
<p>10. What type or set style do you require?</p> <p>Do you require sponsors logos etc to feature on the set?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION 3 –SET & AV EQUIPMENT

<p>19. What set and stage do you require?</p>	<p>Island Stage <input type="checkbox"/> Full stage <input type="checkbox"/></p> <p>Flatwall set <input type="checkbox"/> Astralite set <input type="checkbox"/> Themed set <input type="checkbox"/></p> <p>Screen & drape <input type="checkbox"/> Conference Kit <input type="checkbox"/></p> <p>Lecterns <input type="checkbox"/> Quantity <input type="text"/></p> <p>Top Table <input type="checkbox"/> No of People <input type="text"/></p> <p>Awards Counter <input type="checkbox"/></p> <p>No of projection screens 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/></p> <p>Rear Projection <input type="checkbox"/> Front <input type="checkbox"/> (dependent on venue)</p> <p>Set Logos <input type="checkbox"/> Set Graphics <input type="checkbox"/> Gobos <input type="checkbox"/></p> <p>Starcloth <input type="checkbox"/> Sails <input type="checkbox"/> Drapes <input type="checkbox"/></p>
<p>20. What technical equipment do you require for the event?</p>	<p>Data projector <input type="checkbox"/> Laptops <input type="checkbox"/> Video Play-in <input type="checkbox"/></p> <p>Plasma Screens <input type="text"/></p> <p>Live Cameras <input type="checkbox"/> Remote picture feed <input type="checkbox"/></p> <p>PA system <input type="checkbox"/></p> <p>Lectern Mics <input type="checkbox"/> Top Table Mics <input type="checkbox"/></p> <p>Handheld Radio Mic (Q&A) - qty <input type="text"/></p> <p>Neck Tie Radio Mic (lapel) - qty <input type="text"/></p> <p>Speaker spots <input type="checkbox"/> Stage wash <input type="checkbox"/></p> <p>Set uplighters <input type="checkbox"/> Complex lighting <input type="checkbox"/></p> <p>Pyrotechnics <input type="checkbox"/> External lighting <input type="checkbox"/></p> <p>Follow Spots <input type="checkbox"/></p> <p>Cue light <input type="checkbox"/> Laser pointer <input type="checkbox"/></p> <p>Traffic Lights (for speaker control) <input type="checkbox"/></p>
<p>21. Will the presenters require visual aids?</p>	<p>7" Comfort Monitor <input type="checkbox"/> 15" Comfort Monitor <input type="checkbox"/></p> <p>Autocue <input type="checkbox"/> PC on lectern <input type="checkbox"/></p>
<p>22. What services are required for Disabled delegates in keeping with DDA regulations?</p>	<p>Disabled access to stage <input type="checkbox"/> Signing <input type="checkbox"/></p> <p>Hearing Loops <input type="checkbox"/> Palantypist <input type="checkbox"/></p> <p>Please list any other specific requirements</p>

23. Do you need the event recording?	Yes <input type="checkbox"/> No <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/>
24. Do you require PR photography of the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Will workshops or breakout rooms be required for the delegates?	Yes <input type="checkbox"/> No <input type="checkbox"/> How many rooms do you need? <input type="text"/> How many delegates need to be in each group? <input type="text"/> What equipment is required? Data Projector <input type="checkbox"/> Laptops <input type="checkbox"/> Flip chart <input type="checkbox"/> Screen <input type="checkbox"/> Lectern <input type="checkbox"/> OHP <input type="checkbox"/> Video play-in <input type="checkbox"/> PA system <input type="checkbox"/> Other <input type="checkbox"/>
26. Do you require equipment for any displays or reception area?	Poster Boards <input type="checkbox"/> Reception Counters <input type="checkbox"/> Shell Schemes <input type="checkbox"/> Lighting & Electrics <input type="checkbox"/> Plasma Screen <input type="checkbox"/> Other <input type="checkbox"/>

SECTION 4 – HOSTING & ENTERTAINMENT

27. Do you need an Event Host or Chairperson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide more details including budget
28. Do you need guest speakers? E.g. Inspirational, Celebrity or industry personalities	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide more details including budget

<p>29. Do you require entertainment?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide more details including budget</p> <p>Disco <input type="checkbox"/> Live Band <input type="checkbox"/> Comedian <input type="checkbox"/></p> <p>Look-a-likes <input type="checkbox"/> Sound-a-likes <input type="checkbox"/> Magicians <input type="checkbox"/></p> <p>Are they supplying their own PA system?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>30. Will partners or colleagues be accompanying the guests?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide more details</p>

SECTION 5 – BUDGET & OTHER INFORMATION

<p>31. What is your budget?</p>	<p>Under 2K <input type="checkbox"/> 2 - 5K <input type="checkbox"/> 5 - 10K <input type="checkbox"/></p> <p>10 - 15K <input type="checkbox"/> 15K -30K <input type="checkbox"/> 30K+ <input type="checkbox"/></p> <p>Please specify your budget £ <input type="text"/></p> <p>Complete event <input type="checkbox"/> Staging & AV only <input type="checkbox"/></p>
<p>32. Is there any further information to assist us in the preparation of a detailed proposal and quote for your event?</p> <p>e.g. Video footage, pictures of previous events. Please supply any relevant Company literature</p>	
<p>33. Please give an alternative point of contact in case of holidays or absence?</p>	<p>Alternative Contact Name: _____ Phone no: _____</p> <p>Email address: _____ Mobile: _____</p>