

# EVENT DESIGN INITIAL CONSULTATION FORM

## *Personal Information*

Name (First)\_\_\_\_\_ (Last)\_\_\_\_\_  
Address\_\_\_\_\_  
Cell phone\_\_\_\_\_ Email\_\_\_\_\_

## *About your Event*

Type of Event\_\_\_\_\_  
Venue\_\_\_\_\_  
City\_\_\_\_\_

Please Circle:    Indoor    or    Outdoor

## *About your style*

Please circle a word(s) that best describes your style

Romantic, traditional, Modern, Contemporary, Eclectic, Transitional, simple, chic, Soft, Sophisticated, Bold, Dynamic, tropical, Artsy, Semi-Formal, Formal, Casual and Classic

Date\_\_\_\_\_ Time\_\_\_\_\_ # of guests\_\_\_\_\_

Theme\_\_\_\_\_

Color Scheme\_\_\_\_\_

What specific questions do you have regarding your event?

\_\_\_\_\_

What do you wish to gain from this consultation?

\_\_\_\_\_