



The ComedyCures Foundation Event Proposal Form

Contact Information

Today's Date _____

Name: _____

Organization: _____

Address: _____

Phone: _____ Ext: _____ Cell: _____

Email: _____

Website: _____ FB: _____

Twitter: _____ Instagram: _____

Event Information (Please send supporting info if available.)

Name of Event: _____

Event Description/Program Outline/Rundown: _____

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

Location of Event: _____

Room Set-up: _____

Desired Program:

- _____ Keynote/Motivational Speech
- _____ Panelist/Expert/Training
- _____ Humor Event with Comics
- _____ In-Patient LaughAbout® Program
- _____ Joke Book, Joke Video or Pen Pal Program

Audience:

- _____ Adults
- _____ Children
- _____ Families
- _____ Patients
- _____ Caregivers
- _____ Medical Staff
- _____ Volunteers
- _____ Employees

Press/Media:

- _____ Yes
- _____ No
- _____ Maybe

AV Availability:

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

Other Program Details:

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

Describe Any Specific Needs:

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

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

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

Event Sponsors: _____ Referred By: _____

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