

EVENT RECAP

Event:	
Event Date:	Event Venue:
Venue Contact:	Event Address:
Venue Contact Phone:	Venue Contact E-mail:
Chair:	Entity:
Phone:	E-mail:
Co-Chair:	Entity:
Phone:	E-mail:

PARTICIPANT INFORMATION

	No. Registered	No. Attended
Exhibitors		
Exhibitor Staff		
Entities /Agencies		
Entity Staff		
TOTAL		

ITEMIZED INCOME

	Start Date	End Date	Price/Value (Each)	Quantity Received	Total Value
Early Bird					
Full Price					
Sponsorships	Supplier Name	Supplier Name			
Platinum					
Gold					
Silver					
Bronze					
Honorable Mention					
Other (specify)					
Donations					
Donations					
TOTAL					

ITEMIZED EXPENDITURES

Item	No. Required	Price Per Each	Total
Venue Rental			
Tables, Pipe/Drape			
Misc (electrical, WiFi, trash, parking, etc)			
Breakfast			
Lunch			
Other Food/Drinks			
Printing – Booklets/Magazine			
Decorations			
Advertisement /Signage			
Door Prizes / Give A-ways			
Other (specify)			
Other (specify)			
Other (specify)			
TOTAL			

PROFIT / LOSS

	Total Amount
TOTAL INCOME	
TOTAL EXPENSES	
NET REVENUE	

