



## CLIENT MEETING CHECKLIST

Client Information

Date

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Client Name

Address

City, State, Zip

E-mail Address

Phone Number(s)

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Questionnaire / Checklist

Preferred Event Date:

Preferred Time:

Type of Event:

Wedding

Concert

Birthday

Conference

Other: \_\_\_\_\_

Type of Venue

Intimate

Outside

Hotel

Church

Other: \_\_\_\_\_

Specific Venue in mind:

Approximate Budget:

Event Financing

Personal Expense

Financial Loan

Event Theme:

Event Color Scheme

Approximate Number  
of Attendees:

Outsourcing Needs:

Caterer

Transportation

Bartender

Accommodations

Entertainment

Hair Care

Make-up Artist

Florist

Photographer

Videographer

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Notes / Comments:

*Please use this space to let your event coordinator know your wants and needs.*

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***Thank you for choosing Vision Essentials Event Planning***

**Barney E. Jackson, Founder & CEO**

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***"Bringing To Pass, What You Imagine!"***