



## ADVANCED TEAMWORKS XSTREAM

### SCHEDULED EVENT CLIENT QUESTIONNAIRE

*What Date & Timing Is Your Event?*

*What services do you want us to provide you with? Tick as Appropriate*

Sound Engineering	Sound Reinforcement	Video Recording	Live Streaming	Monetization
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

*If you ticked (5), what's the proposed audience size you want to reach?*

*Do you have Social Media presence?*

Yes  No

*If Yes, what's your following like?*

Instagram	Followers	Following	
Twitter	Followers	Following	
Facebook	Followers	Following	PAGE <input type="checkbox"/> PROFILE <input type="checkbox"/>

*Do you have currently active industry Endorsement deals*

Yes  No

*Do you have active Sponsorship Agreements and Endorsements?*

Yes  No

*Do you have specific promotional Plans for this Event?*

Yes  No

*Do you want us to be specifically involved with your events promotion and consultancy? Fees Apply.*

Yes  No

**PLEASE STATE OTHER REQUIREMENTS, CONCERNS QUESTIONS, SUGGESTIONS ETC OF CONCERN TO THIS EVENTS THAT REQUIRES MORE INSIGHT HERE.**