



## LRCVB Marketing Partnership Post Event Report

Date Submitted:

Organization Name:

Classification:      Not For Profit      For Profit      Public      Government

Name of Event:

Event Date(s):

Event Location:

Event Website:

Contact Name:

Title:

Address:

Phone:

Email:

**Actual Event Attendance** *Fill in all applicable information*

Total Event Days:

Attendance Per Day:

Total Tickets Sold:

Total Registered Participants:

Method Used to Determine Total Attendance:

Method Used to Determine Total Attendance Outside 60 Miles of Little Rock:

Number of Volunteers:

Number of Event Personnel:

Contracted Hotel Room Nights:

Hotels Utilized:

*Please note that stated contracted room nights generated may be subject to an audit by LRCVB staff.*

**The following MUST be included in order to receive funding:**

- Summary and evaluation of overall event
- Summary of all advertisements placed and their analysis of marketing performance, including engagement, reach, and impressions (from their respective digital media platform dashboards)
- Copies of all promotional materials, advertising, media clips and any other printed mediums that advertised LRCVB's logo
- Additional information supportive of the event's success in achieving intended results
- Receipts of all advertising purchases (receipts directly from the vendor)
- Invoice for reimbursement, detailing advertisement expenses with vendor names and amounts paid.

I validate that all information contained within this post event report, and its attachments, are accurate and complete.

Signature

Date

Print Name

Title

**INTERNAL USE ONLY**

Amount Approved:

Amount to be Invoiced: