



## 2020 FINAL REPORT FORM

PLEASE SEND COMPLETED REPORT WITHIN  
60 DAYS OF EVENT TO:  
jeanm@amescvb.com  
Ames Convention & Visitors Bureau  
1601 Golden Aspen Drive; Suite 110  
Ames, IA 50010

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Sponsor Organization: \_\_\_\_\_

Contact Name & Title : \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

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### EVENT SUMMARY

Provide a summary of the event, identifying areas of success and those needing improvement.

## EVENT SUMMARY *(continued)*

Actual attendance:

Facility(ies) used:

	<i>(unsatisfied)</i>				<i>(satisfied)</i>
Satisfaction with facility(ies) and service	1	2	3	4	5

Hotel(s) used:

Number of lodging nights rented: *(# of rooms x # of nights)*

	<i>(unsatisfied)</i>				<i>(satisfied)</i>
Satisfaction with hotel(s) and service	1	2	3	4	5

Comments:

Did the Ames Convention & Visitors Bureau (ACVB) provide any additional services or resources for this event?      NO              YES

If so, what was provided?

	<i>(unsatisfied)</i>				<i>(satisfied)</i>
Satisfaction with ACVB services	1	2	3	4	5

How could the ACVB improve these services?

What additional services may be helpful in planning this event in the future?

Will this event return to Ames in the future?      NO              YES

If yes, when?

Comments:

## FINAL EVENT BUDGET INFORMATION

Please provide the following budget information, along with copies of all receipts for expenditures.

In the spaces below, please provide your complete event budget:

<i>Source</i>	<i>Amount</i>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
<b>TOTAL:</b>	<b>\$</b>

## THANK YOU!

*Thank you for participating in the 2020 Ames Convention & Visitors Bureau Community Grant Program.  
We have enjoyed working with you and your organization!*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Organization