

Eventbrite Event Creation Information

Event Creation Information

Event Name _____

Event Start Date _____ Event End Date _____

Event Start Time _____ Event End Time _____

Event Location

Location Name _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Postal Code _____

Country _____ Timezone of Event _____

Event Image (2160 x 1070px | 2:1 Ratio) *If you would like to use an alternative banner image (2160 x 1070px | 2:1 Ratio) please email the image to events@Advocis.ca

Event Summary (140 Characters Max) _____

Event Details (No Character Limits, Can include Images and YouTube Videos)

Do you want to be able to accept refund requests? If yes, which policy?

1 Day: Attendees can receive refunds up to 1 day before the event start date.

7 days: Attendees can receive refunds up to 7 days before the event start date.

30 days: Attendees can receive refunds up to 30 days before the event start date.

No refunds: We do not offer refunds.

Event Type

Using the drop-down menu below, please indicate the GL category your revenue should be directed. If not listed, please select Other and provide details

If you selected other, please describe your event type here: _____

Order Form

How do you want to collect information for purchases?

- Basic Information (only name and email address from Buyer)
- Buyer Only (Name, Email Address, and Custom Questions for Buyer Only)
- Each Attendee (Name, Email Address, and Custom Questions for Each Ticket Purchased)

Do you want to collect custom information? If yes, which fields?

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Home Address | <input type="checkbox"/> Job Title |
| <input type="checkbox"/> Company/Organization | <input type="checkbox"/> Work Address | <input type="checkbox"/> Work Phone |
| <input type="checkbox"/> Website | <input type="checkbox"/> Blog | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Birth Date | <input type="checkbox"/> Age | <input type="checkbox"/> Advocis I.D. |

Order Confirmations

What message would you like to send to attendees after they register for the event?

What reply-to email address should any responses go to? _____

Chapter Joint Ventures

Is this event a collaboration between chapters? Or is your chapter hosting an event that is being shared with other chapters?

Yes No

If yes, please identify all chapters collaborating

Is there a promotional code for Advocis members outside your region?

Yes No

If Yes, please enter the promotional code details below.

Promo Code Name	Promo Code Code Number	Promo Code Ticket Type	Promo Code Ticket Price

Please Note: Event promotions will be sent on behalf of all collaborating chapters. However only the host chapter will have access to the Eventbrite reports for this meeting. Ticket revenue will be directed only to the host chapter's GL account identified in this form. Please follow-up with Chapter Accounting to discuss allocations per your joint venture agreement.
