



# Regional Chapter EVENT FORM 2026

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TSGE Region: \_\_\_\_\_

Coordinated By: \_\_\_\_\_

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

Location / Day / Time: \_\_\_\_\_

## SPONSORSHIP INFORMATION

Sponsors other than TSGE?

Yes      No

## FINANCIAL SUPPORT

Amount to be funded by TSGE:

Dollar Amount: \$ \_\_\_\_\_

Additional sponsorship funds beyond TSGE:

Dollar Amount: \$ \_\_\_\_\_

## ATTENDANCE

Number Expected: \_\_\_\_\_

Number Attended: \_\_\_\_\_

Were all attendees members of TSGE?

Yes      No      Not Sure

## Attendee List

*Please attach or send a list of all attendees with contact information*

## MARKETING

How was the event marketed? Check all that apply

Email

USPS Mail

Personal Emails

Phone Calls

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



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## FEEDBACK

Feedback elicited from attendees:

Yes      No

Feedback Summary:

## NEXT MEETING

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Please submit all receipts along with the TSGE Regional Chapter Reimbursement Form.