



Regional Chapter EVENT FORM 2026

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: _____



Regional Chapter EVENT FORM 2026

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.