



AIM
NAD Evangelistic Contact Center

SITE REGISTRATION FORM FOR THE SERIES

CONTACT INFORMATION

CLIENT _____

CONTACT NAME _____ PHONE# _____

E-MAIL ADDRESS _____ FAX# _____

BILLING ADDRESS _____

REPORTS:

REPORT FREQUENCY: DAILY EVERY 2 DAYS WEEKLY

REPORT RECIPIENT(S)

NAME _____ EMAIL _____

NAME _____ EMAIL _____

SEMINAR INFORMATION:

SEMINAR TITLE _____

SPEAKER(S) _____

**ATTACH A LIST OF NIGHTLY TOPICS/TITLES*

SEMINAR START DATE _____ TIME _____ AM/PM

DATES FOR CONTINUING NIGHTS _____

END DATE _____

PHONE ANSWERING PHRASE:

"THANK YOU FOR CALLING... _____ . HOW MAY I HELP YOU?"

WILL CHILD CARE BE AVAILABLE? YES AGES: _____ NO

WILL THERE BE CHILDREN'S PROGRAMS AVAILABLE? YES AGES: _____ NO

WHAT IS THE COST OF THE SEMINAR? NONE- FREE CHARGE \$ _____

WHAT LANGUAGES? (CHECK ALL THOSE BEING OFFERED AT YOUR SITE.)

ENGLISH SPANISH FRENCH PORTUGUESE OTHER: _____

WILL SIGN LANGUAGE BE AVAILABLE FOR HEARING IMPAIRED GUESTS? YES NO

PARKING LOCATION? NEARBY, OR OTHER _____ **FREE OR PAY?** _____

HANDICAP ACCESSIBILITY _____

WILL TICKETS FOR RESERVED SEATING BE UTILIZED FOR PRE-REGISTRANTS WHO CALL THE AIM PHONE LINE?

- YES — ALL REGISTRANTS PICK UP AT WILL CALL DESK ON OPENING NIGHT
- YES —MAIL TO REGISTRANTS / PICK UP OPENING NIGHT AT WILL CALL DESK FOR THOSE CALLS NEAR START OF EVENT
- No

WHO SPONSORS THE EVENT? - STATEMENT TO USE: "THE PRESENTATIONS ARE SPONSORED BY..."

IF THEY PRESS FOR A DENOMINATION, "THE PRESENTATIONS ARE SPONSORED AS A PUBLIC SERVICE OF THE SEVENTH-DAY ADVENTIST CHURCH FOR PEOPLE OF ALL FAITHS AND CREDS."

ADVERTISING:

ADVERTISING SOURCES THAT WILL DISPLAY AIM PHONE NUMBER: (CHECK ALL THAT APPLY)

- | | |
|---|----------------------|
| <input type="checkbox"/> PROGRAM TRAILER/ANNOUNCEMENT ON TELECAST | DATE AD STARTS _____ |
| <input type="checkbox"/> TV SPOTS | DATE AD STARTS _____ |
| <input type="checkbox"/> RADIO SPOTS | DATE AD STARTS _____ |
| <input type="checkbox"/> NEWSPAPER AD | DATE AD STARTS _____ |
| <input type="checkbox"/> BROCHURE-MEMBERS DISTRIBUTE | BEGIN DATE _____ |
| <input type="checkbox"/> BROCHURE-DROP SHIP: QUANTITY _____ | IN-HOME DATE _____ |
| <input type="checkbox"/> MAGAZINE AD | DATE AD STARTS _____ |
| TITLE: _____ | |
| <input type="checkbox"/> BILLBOARDS/BUS | DATE AD STARTS _____ |
| <input type="checkbox"/> LETTER/MAILING LIST | MAILING DATE _____ |
| <input type="checkbox"/> INTERNET/SOCIAL MEDIA | BEGIN DATE _____ |
| <input type="checkbox"/> OTHER: _____ | DATE AD STARTS _____ |

SITE INFORMATION:

MEETING SITE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BRIEF DIRECTIONS: _____

VIEWING INFORMATION:

WILL THIS EVENT BE:

BROADCAST LIVE?

YES NO

UPLINKED?

YES NO

RECORDED TO AIR ANOTHER TIME?

YES NO

AVAILABLE FOR PURCHASE ON DVD/CD?

YES NO

AVAILABLE VIA VIDEO LIBRARY?

YES NO

STREAMING LIVE ON THE INTERNET?

NO YES WEBSITE: _____

RETURN FORM TO AIM BY EMAIL TO REBECCAM@CALLAIM.ORG

FOR QUESTIONS CALL 800-253-3002 OPTION 6

<p>OFFICE USE ONLY: SITE ID#: TOLL-FREE NUMBER TO BE USED: _____</p>

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