

All information provided will be held in strict confidence. No event-identifiable information will be published. Submit data to CEIR's vendor – Allen Shaw, President & Chief Global Economic Consulting Associates, Inc. – in one of the following ways:

- **Fax:** +1 (610) 399-3573
- **Email:** allens@gecainc.com
- **Mail:** CEIR Index Report, c/o Global Economic Consulting Associates, Inc., 24 Strickland Way, Glen Mills, PA 19342

YOUR ORGANIZATION AND CONTACT INFORMATION			
Organization Name:			
Mailing Address:			
Contact Person:			
Daytime Phone:		E-mail:	
YOUR EVENT INFO			
Complete a separate form for each unique event. If an event occurs regularly at different times in the year, e.g. Spring and Fall, please complete a form for each, i.e. one for the Spring show, another for the Fall show.			
Event Name:			
Type of Event: <input type="checkbox"/> Business-to-Business (B2B) Exhibition or Trade Show – Exhibit Floor Only (no education) <input type="checkbox"/> Association/Conference/Convention/Congress/Corporate Event with an Exhibit Floor			
Please enter requested information about your event for each year listed. If your event does not take place in one of the years, please write in N/A.			
	2019	2018	2017
Event Dates:			
Event Location (City):			
Total Net Exhibit Space: Total exhibit net square feet sold for your event, including space provided for non-cash consideration (excludes aisle space and meeting rooms).			
Total Exhibiting Companies at the Event: Number of companies and other organizations with exhibit space at your event. Include exhibit space swapped or provided for other non-cash consideration.			
Total Professional Attendance at the Event: Number of professionals attending your event. Exclude exhibiting company personnel, friends and family, staff, or other non-business attendees.			
TOTAL REVENUE FOR YOUR EVENT			
This includes revenue from all sources: the sale of exhibit space, conference fees, advertising, sponsorships and all other revenue.			
Using percentages, please indicate how total revenue breaks down into the following categories:			
Sponsorships	%	%	%
Exhibit Sales	%	%	%
Attendee Registration Fees	%	%	%
Advertising	%	%	%
Other Revenue	%	%	%
TOTAL	= 100%	= 100%	= 100%
Please provide total event revenue by answering either Option A or B below.			
OPTION A: Total Revenue	\$	\$	\$
OPTION B: Revenue Range of the Event and % Change in Revenue			
Less than \$290,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$290,001 – \$470,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$470,001 – \$660,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$660,001 – \$950,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$950,001 – \$1,300,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1,300,001 – \$2,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$2,000,001 – \$3,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$3,000,001 – \$4,500,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$4,500,001 – \$8,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greater than \$8,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% Change in Revenue versus Prior Edition of Event	%	%	%