

SOUTHEAST VOLUSIA ADVERTISING AUTHORITY
Evaluation Form

This form must be completed and returned no fewer than 30 days after the date of the event. Please attach all supporting documents.

Event Name: _____

Event Date: _____ Award Amount \$ _____

Number of Room Nights Generated: _____

Method of Determining Room Nights: _____

Event Attendance: _____

Method of Determining Attendance: _____

Attach tear sheets, final invoices, and all supporting documents, including a final report of income expenses.

Evaluation Submitted by: _____ Date: _____

Evaluation Received by: _____ Date: _____
