



**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><b>OFFICE USE ONLY:</b>      <b>SITE ID#:</b> <b>TOLL-FREE NUMBER TO BE</b> <b>USED:</b> _____</p>
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H:/REBECCA/NEWCLIENT/SITE REGISTRATION EVENT 2020