



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/FLIER | DELIVERY DATE _____ |
| <input type="checkbox"/> MAGAZINE AD | DATE AD STARTS _____ |
| TITLE: _____ | |
| <input type="checkbox"/> BILLBOARDS/BUS | DATE AD STARTS _____ |
| <input type="checkbox"/> LETTER/MAILING | MAILING DATE _____ |
| <input type="checkbox"/> OTHER: _____ | DATE AD STARTS _____ |

SITE INFORMATION:

MEETING SITE: _____

ADDRESS: _____

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

SITE PHONE #: (_____) _____ - _____

AIM USES THE AREA CODE AND PREFIX TO LOCATE A SITE NEAREST TO THE CALLER. IF NO PHONE EXISTS AT THE MEETING SITE, LIST THE AREA CODE AND PREFIX FOR THE TOWN WHERE THE MEETING SITE IS LOCATED. WITHOUT THIS WE CANNOT REFER CALLERS TO YOUR SITE.

BRIEF DIRECTIONS: _____

VIEWING INFORMATION:

WILL THIS EVENT BE:

- | | | |
|--|------------------------------|---|
| BROADCAST LIVE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| UPLINKED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| RECORDED TO AIR ANOTHER TIME? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| AVAILABLE FOR PURCHASE ON DVD/CD? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| AVAILABLE VIA VIDEO LIBRARY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| STREAMING LIVE ON THE INTERNET? | <input type="checkbox"/> NO | <input type="checkbox"/> YES WEBSITE: _____ |

**RETURN FORM TO AIM BY EMAIL TO REBECCAM@CALLAIM.ORG
OR FAX AT 269-471-6029**

FOR QUESTIONS CALL 800-253-3002 OPTION 6

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