

NAWCC REGIONAL MEETING FINAL REPORT

To be completed by the **General Chair** and submitted to the NAWCC Member Services Manager within two weeks of Regional

GENERAL CHAIR

Name: _____ Address: _____
Phone: _____ Email: _____

NAME, TYPE, LOCATION

Regional name: _____ Host Chapter(s): _____
Date: _____ Days of week scheduled: _____
City: _____ State: _____

WEATHER: _____

REGISTRATION STATISTICS

Pre-registration: _____ Cost: \$ _____ Previous year Pre-registration number: _____
Onsite registration: _____ Cost: \$ _____ Previous year Onsite registration number: _____
Tables available: _____ Tables sold: _____ Cost: \$ _____
6 or 8 Foot: _____ Previous year sold: _____
Renewed NAWCC members: _____ New full NAWCC members: _____
Introductory members: _____ Escorted visitors: _____
Banquet number: _____ Cost: \$ _____ Buffet or plate: _____
Breakfast, lunch or dinner: _____

MEETING FACILITY

Type of convention facility: Hotel: Convention center:
Name of convention facility: _____
Other type of meeting, describe: _____
Host hotel name: _____
Room cost: \$ _____ Rooms in block: _____ Rooms sold: _____
Mart square footage: _____ Convention facility parking cost: \$ _____ Hotel parking cost: \$ _____

PUBLIC DAYS

Open to public?: Yes No If yes, when?: _____
Number of public participants: _____ Entry cost: \$ _____ Name, address, email collected?: Yes No
NAWCC membership info and benefit package provided?: Yes No
Advertisement used: _____ Advertising cost: \$ _____
Number of new NAWCC members resulting from public days: _____

MART

Organized tailgate event?: Yes No Cost: \$ _____ Unloading hrs.: _____
Scheduled date/time mart opened: _____ Date/time mart closed & security ended: _____
"Early Bird" or other early access for non-table holders available?: Yes No Cost: \$ _____
Table provided for official NAWCC board representative?: Yes No
Approx. % tables occupied noon last day: _____
Method(s) used to keep tables set up on last day: _____
If sales tax was required, how was it handled?: _____
Silent Auctions: How many: _____ Entry cost per item: \$ _____

LIVE AUCTION

Number of items: _____ Entry cost per item: \$ _____ Time of auction: _____

EXHIBIT

Theme: _____

Accessible to public?: Yes No

Advertised to public?: Yes No

LECTURES

Total number: _____ Clocks: _____ Watches: _____ Tools: _____ Other: _____

Explain: _____

Accessible to public?: Yes No Advertised to public?: Yes No

Estimate of non-members: _____

Lecture(s) tied to exhibit?: Yes No Walking lecture of exhibit?: Yes No

Approximate average number of attendees at lectures: _____

WORKSHOPS

Total number: _____ Clocks: _____ Watches: _____ Tools: _____ Other: _____

Explain: _____

Open to public?: Yes No Advertised to public?: Yes No Number of non-members: _____

NAWCC field suitcase workshop(s)?: Yes No FSW class numbers: _____

If non-FSW, describe: _____

SECURITY

Uniformed off duty police: _____ Convention center guards or contracted guards: _____ Both:

Any security incidents?: Yes No Describe: _____

DOOR PRIZES

Distributed randomly with all attendees eligible?: Yes No

Distributed only to those attending a function?: Yes No

If only by function, list function(s) which had door prizes: _____

HOSPITALITY

Provided for volunteers only: Everyone: None:

Facility supplied food only: Able to bring in food:

Hotel room: Convention center room: Other:

Minimal: Fancy: Hours: _____

FINANCES

Profit: Break-even: Loss:

If the Regional had a financial loss, major contributing factor: _____

PREPARED BY REGIONAL CHAIR

Please print your name: _____ Membership #: _____ Date: _____

Within **two weeks** of Regional, please send **this form** with copies of the **Registration form** and **published program** to:

Pam Lindenberger, Member Services Manager ♦ plindenberger@nawcc.org ♦ (717) 684-8261 ext. 210
National Association of Watch and Clock Collectors ♦ 514 Poplar Street ♦ Columbia, PA 17512-2130