APEX

ACCEPTED

PRACTICES

EXCHANGE

The APEX Post-Event Report Template

Approved by the Convention Industry Council on October 30, 2003
Updated August 10, 2005

INSTRUCTIONS FOR USE

1. A report of the details and activities of an event is called a "Post-Event Report" or PER. A collection of PERs over time will provide the complete history for an event.
2. A face-to-face post-event meeting should be scheduled between the primary event organizer (the main planning contact person) and each venue and facility involved in an event. That meeting should occur immediately following the end of the event and should focus on an evaluation of the success of the event as well as the completion of the Post-Event Report.
3. The report shall be completed by the primary event organizer of an event and filed with each venue and facility that was used for the event. Detailed recommendations for this process are included in the "Suggested Uses" section of the APEX Post-Event Report template.
4. The most recent PER for an event should accompany any request for proposals (RFP) sent to solicit proposals for future occurrences of that event.
5. In regard to the actual APEX Post-Event Report:
   a. Some information in the APEX PER is required. Information must be included in these sections for the report to be considered complete. These items are designated within the template. While all items are not required, the more that are completed, the more valuable this report will be to the event organizer in the future.
   b. All sections and items will not apply to every event. If a section or item does not apply, it should be left blank.
   c. The APEX PER should be completed for events of all sizes, especially for those of 25 rooms on peak night and larger.
   d. It is recommended that the primary event organizer for an event, in partnership with the event's suppliers, complete all applicable sections of the report within 60 days of the end of that event.
   e. Once complete, the primary event organizer should file a copy of the report with each entity, venue or facility that was used for the event (i.e., Convention & Visitors Bureau, Hotel, Conference Center, etc.). The event organizer should also file the report internally for future reference.
   f. The "Comments" field in each section should be used for any information from the organizer, venue, facility, etc. that does not fit into one of the pre-established fields, but that provides insight or valuable information regarding the event.
6. There will be various stages in the evolution of the industry's Post-Event Report and the processes used to complete it. The Convention Industry Council will remain actively involved in this evolution and will provide resources as needed:
   a. Stage I – The form will be available as a word processing file that will be completed manually and will be filed by planners and suppliers in electronic and/or hard copy form.
   b. Stage II – As industry-related software is updated and new software is developed, programmers will ensure that the APEX data map is referenced so that all data fields are defined correctly and are able to efficiently capture, store, and share historical information. This will allow for more automated completion of the report.
   c. Stage III – When the industry determines that a central event history database is to be developed, this report and the resulting data map, will be the basis for the information collected by and stored in this database. At that time, the Convention Industry Council (CIC) will convene a special APEX panel to address the best practices and processes for the use of such a database.
7. The Convention Industry Council will hold the copyright to the APEX Post-Event Report template. However, members of the meetings, conventions and exhibitions industry are permitted to copy and/or reproduce the template, as permitted by applicable copyright law, provided such use of the APEX Post-Event Report template is for member services and educational purposes and not for commercial advantage or financial gain of any sort. All copies and/or reproductions of the APEX Post-Event Report template must include the following:

a. the copyright notice of "Copyright © 2003 by Convention Industry Council"
   b. the date the information was copied or reproduced, and
   c. a reference line that reads: "Refer to the on-line version of this report, located at www.conventionindustry.org for the most up-to-date content."

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8. The Convention Industry Council will annually convene a special committee of professionals from across the meetings, conventions, and exhibitions industry to review all recommendations to the contents of the APEX Post-Event Report that have been be received in the preceding year. This special committee will consult and confirm that changes to the report are required. It will then make a formal recommendation to the Convention Industry Council for action.

9. The APEX Technology Advisory Council (TAC) will complete its work of defining the data specifications that correspond to the fields of data that the APEX Post-Event Report intends to capture and share. Those data specifications will be included in the APEX Data Map and will be released for industry use by December 31, 2003.

SECTION I: EVENT INFORMATION

*Event Name: _____

*Event Organizer/Host: _____

*Event Location City: _____   *Event Location State/Province: _____

*Event Location Country: _____

*Published Event Start Date: _____   *Published Event End Date: _____

Event Organizer/Host Overview *(mission, philosophy, etc.)*: _____

Event Objectives: _____

Event Web Address: _____

Event Type:	Drop Down Options:
	❑ Board Meeting
	❑ City-Wide Convention
	❑ Committee Meeting
	❑ Customer Event
	❑ Educational Meeting
	❑ General Business Meeting
	❑ Incentive Travel
	❑ Local Employee Gathering
	❑ Product Launch
	❑ Public Show
	❑ Sales Meeting
	❑ Shareholders Meeting
	❑ Special Event
	❑ Team-Building Event
	❑ Trade Show
	❑ Training Meeting
	❑ Video Conference
	❑ Other: _____

Event Frequency:	Drop Down Options:
	❑ One Time Only
	❑ Bi-Annual
	❑ Annual
	❑ Semi-Annual
	❑ Quarterly
	❑ Monthly
	❑ Other: _____

*Primary Event Facility Name *(the facility where most of the functions for the event were held)*: _____

*Primary Event Facility Type:	Drop Down Options:
	❑ Convention Center
	❑ Hotel
	❑ Conference Center
	❑ Other Venue

Was an off-site venue(s) used? Yes/No

Original Expected Attendance: _____

Total Pre-Registered Attendance: _____   Total On-Site Registrations: _____

No-Shows: _____

Number of Exhibitors Attending: _____

*Actual Attendance *(including exhibitors)*: _____

Number of Domestic Attendees *(Domestic Attendees live in the same country where the event is held)*: _____

Percentage of Domestic Attendees *(AUTO CALC: "Number of Domestic Attendees" DIVIDED BY "Actual Attendance" MULTIPLIED BY 100 = _____%)*: _____

Number of International Attendees: _____

Percentage of International Attendees *(AUTO CALC: "Number of International Attendees" DIVIDED BY "Actual Attendance" MULTIPLIED BY 100 = _____%)*: _____

Was shuttle service provided for attendees? Yes/No

Did the event make use of a Destination Management Company (DMC) or Professional Congress Organizer (PCO)? Yes/No

Did the event offer guest tours/guest programs? Yes/No

If a recurring event, complete the following for the last time the event occurred:
      Last Start Date: _____
      Last End Date: _____
      Last Primary Event Facility Name: _____
      Last Event Location City: _____
      Last Event Location State/Province: _____
      Last Event Location Country: _____

Event Information Comments *(Use this space to note important information not captured by the report such as unusual circumstances that positively or negatively affected attendance)*: _____

SECTION II: CONTACT INFORMATION

*Event Contact Type:	Drop Down Options: ❑ Employee of Event Organizer/Host ❑ Employee of Event Management Company ❑ Employee of Association Management Company ❑ Exhibit Manager ❑ Independent/Third Party ❑ Other: _____

*Event Contact Role *(check all that apply)*:	Drop Down Options: ❑ Volunteer ❑ Staff ❑ Event Organizer (Planner) ❑ Informational Contact ❑ Other: _____

Contact Person:

Prefix *(e.g., Mr., Dr.)*: _____   * Given Name: _____   *Middle Name: _____

*Surname Prefix *(e.g., Mac, Vander)*: _____   *Surname: _____

Suffix *(e.g., Jr., Sr.)*: _____   NameTitle *(e.g., CPA, Ph.D.)*: _____

*Preferred Name: _____

*Job Title: _____   *Employer: _____

*Mailing Address Line 1: _____   Mailing Address Line 2: _____

*City: _____   *State/Province: _____

*Postal/Zip Code: _____   *Country: _____

*Phone: _____   Mobile Phone: _____

Fax: _____   Email: _____   Web Address: _____

Repeat for additional contacts as necessary

SECTION III: HOTEL ROOM INFORMATION

*Did the event utilize sleeping rooms? Yes/No

> If No, go to Section V. If Yes, complete the following:

ˠNumber of Hotels Used: _____

ˠTotal Number of Rooms Used on Peak Night: _____

ˠBy whom were housing services performed?	Drop Down Options: ❑ Event Organizer/Host ❑ Management Firm – Management Firm's Name: _____ ❑ Housing Bureau – Housing Bureau's Name: _____ ❑ Convention & Visitors Bureau ❑ Attendees Direct to Hotels ❑ Other: _____

Hotel Room Comments: _____

ˠ *Denotes Required Information If Hotel Rooms Were Used*

SECTION IV: ROOM BLOCK INFORMATION

This information should be completed for each hotel used. List headquarters hotel first, then others alphabetically.

˅Hotel Name: _____   ˅Headquarters Hotel? Yes/No

Hotel Type:	Drop Down Options:
	❑ Airport
	❑ Downtown
	❑ Resort
	❑ Suburban
	❑ Other

No. of Single Occupied Rooms Used: _____

1 bed/1 person

No. of Double Occupied Rooms Used: _____

1 bed/ 2 people   OR   2 beds/ 2 people

No. of Suites Used: _____   Room Block Contracted Date: _____
No. of Complimentary Rooms Used: _____   Final Room Block Date: _____
No. of Staff Rooms Used: _____   ˅Cut-off Date: _____
No. of Sub-Blocks: _____   ˅Was the Cut-off Date Exercised? Yes/No
          What was pick-up at the cut-off date? _____

˅Day & Date *(i.e. Monday, March 1, 2003)* *Must Be Manually Entered*	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	*Additional days as necessary*
˅**Room Block when contracted**															
Final RoomBlock															
90 day pick-up															
60 day pick-up															
30 day pick-up															
21 day pick-up															
14 day pick-up															
7 day pick-up															
˅**Actual pick-up**															
Requested Oversell Percentage	*From event contract*														
Actual Oversell Percentage	*Manual Calculation: [("Maximum Pick-up" MINUS "Actual Pick-up") DIVIDED BY "Maximum Pick-up"] MULTIPLIED BY 100 = _____%*														
Slippage from 21 day pick-up	*Auto calc: "21 day pick-up" MINUS "Actual pick-up" = _____%*														
% Sold (of contracted block)	*Auto calc: "Actual pick-up" DIVIDED BY "Room Block when contracted" MULTIPLIED BY 100 = _____%*														
% Sold (of final block)	*Auto calc: "Actual pick-up" DIVIDED BY "Final Block" MULTIPLIED BY 100 = _____%*														
˅**% to peak**	*Auto calc: "Actual pick-up" DIVIDED BY the peak night pick-up MULTIPLIED BY 100 = _____%"*														

Room Block Comments: _____

Repeat for additional hotels as necessary

SECTION V: FOOD & BEVERAGE INFORMATION

*Were food & beverage (F&B) functions included in the event? Yes/No   If No, go to Section VI. If Yes, complete the following:

Attendance at Largest F&B Function: _____

What type of F&B function was the largest in attendance?	Drop Down Options: ❑ Break/Continental ❑ Breakfast ❑ Lunch ❑ Reception ❑ Dinner ❑ Other: _____	What type of F&B function was the largest revenue producer?	Drop Down Options: ❑ Break/Continental ❑ Breakfast ❑ Lunch ❑ Reception ❑ Dinner ❑ Other: _____

F&B Function Schedule *(#guar=Total Covers Guaranteed; # fed=Actual Covers Per Function Period)*:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	*Additional days as necessary*
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
Break(s)/ Continental(s)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	
Breakfast(s)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	
Lunch(es)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	
Reception(s)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	
Dinner(s)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	

Did the event have any in conjunction with (ICW) F&B functions? Yes/No   If No, go to Section VI. If Yes, complete the following:

ICW F&B Function Schedule *(#guar=Total Covers Guaranteed; # fed=Actual Covers Per Function Period)*:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	*Additional days as necessary*
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
ICW Breakfast(s)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	
ICW Lunch(es)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	
ICW Reception(s)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	
ICW Dinner(s)	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	# held	
	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	# guar	
	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	# fed	

Food & Beverage Comments *(Use this space to note important information not captured by the report such as green meetings provisions, food bank donations, etc.)*:
_____

SECTION VI: FUNCTION SPACE INFORMATION

*Did the event require function space? Yes/No

If No, go to Section VII. If Yes, complete the following:

+Attendance at Largest Function: _____

Was the space for the largest function on a 24-hour hold? Yes/No

+Room Setup for the Largest Function:	Drop Down Options: ❑ Theatre ❑ Conference Style Set-up ❑ U-Shaped Set-up ❑ Classroom Set-up ❑ Hollow Square/Rectangle ❑ Rounds for 8 ❑ Rounds for 10 ❑ Other _____

AV Setup for the Largest Function:	Drop Down Options: ❑ Front projection ❑ Rear projection ❑ None ❑ Other: _____

+Facility Type(s) Used for Functions *(check all that apply)*:	Options: ❑ Hotel ❑ Convention Center ❑ Conference Center ❑ Other: _____

Were there extensive AV or technology requirements for one or more functions? Yes/No

If Yes, Number of Rooms with Extensive AV or Technology Requirements: _____

Total Number of Concurrent Breakout Sessions: _____

+Largest Daily Total of Concurrent Breakout Sessions: _____

Number of Seats Concurrent Breakout Sessions Typically Set For: _____

Typical Room Setup for Concurrent Breakout Sessions:	Drop Down Options: ❑ Theatre ❑ Conference Style Setup ❑ U-Shaped Setup ❑ Classroom Setup ❑ Hollow Square/Rectangle ❑ Rounds for 8 ❑ Rounds for 10 ❑ Other _____

Was pre-function space required? Yes/No

Was a registration area(s) required? Yes/No   # of Registration Areas: _____

Was a lounge(s) area required? Yes/No   # of Lounges: _____

Was office space required? Yes/No   # of Offices: _____

Was table top exhibit space required? Yes/No   # of Table Top Exhibits: _____

Function Space Utilities Required:	Check from the following list: ❑ Electricity ❑ Water ❑ Compressed Air ❑ Natural Gas ❑ Analog Phone Lines ❑ ISDN Lines ❑ Single Line Phone Set ❑ Ethernet Internet Service ❑ T-1 Lines ❑ Other: _____

Was move-in and/or move-out time required? Yes/No

    If Yes, Number of Move-In Days Required: _____
    If Yes, Number of Move-Out Days Required: _____

Was tear-down time required? Yes/No

    If Yes, Number of Tear-Down Days Required: _____

Function Space Comments: _____

[+] *Denotes Required Information If Function Space Was Used*

SECTION VII: EXHIBIT SPACE INFORMATION

*Did the event require exhibit space? Yes/No

       If No, go to Section VIII. If Yes, complete the following:

^Facility Type Used for Exhibits *(check all that apply)*:	Drop Down Options: ❑ Convention Center ❑ Hotel ❑ Conference Center ❑ Other Venue

Number of Exhibits: _____   Number of Exhibiting Companies: _____

^Type of Exhibits *(check all that apply)*:	Drop Down Options: ❑ 8'x10' ❑ 10'x10' ❑ Table Tops ❑ Other: _____

^Gross Square Feet Used: _____   ^Gross Square Meters Used: _____

^Net Square Feet Used: _____   ^Net Square Meters Used: _____

^Number of Move-in Days: _____   ^Number of Move-out Days: _____

^Number of Show Days: _____   ^Show Days (i.e. M–W): _____

Show Hours: _____

Exhibit Utilities Required:	Check from the following list: ❑ Electricity ❑ Water ❑ Compressed Air ❑ Natural Gas ❑ Analog Phone Lines ❑ ISDN Lines ❑ Single Line Phone Set ❑ Ethernet Internet Service ❑ T-1 Lines ❑ Other: _____

Were there extensive AV or technology requirements for one or more exhibitors? Yes/No

       If Yes, Number of Exhibitors with Extensive AV or Technology Requirements: _____

Was a general service contractor (GSC) used? Yes/No

       If Yes, Number of Move-In Days Required for the GSC: _____

Was food & beverage required for any exhibitors (excluding concessions)? Yes/No

       If Yes, Number of Exhibitors that Required Food & Beverage: _____

Exhibit Space Comments: _____

^ Denotes Required Information If Exhibit Space Was Used

SECTION VIII: FUTURE EVENT DATES INFORMATION

*Have future dates been confirmed for this event? Yes/No

What is the next open date for this event? _____

Next Published Start Date: _____   Next Published End Date: _____

Next City: _____   Next State/Province: _____   Next Country: _____

Next Facility: _____

Future Dates Comments: _____

Additional future dates as necessary

SECTION IX: REPORT DISTRIBUTION TRACKING

*This report was completed on (DATE) _____ by (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____. It was delivered via (Checkbox: Postal Mail, Email, Fax, OTHER:_____) on (DATE) _____ to:
- (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____
- (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____
- (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____
- (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____
- ***Additional lines as necessary***

This report was revised on (DATE) _____ by (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____. A revised copy was delivered via (Checkbox: Postal Mail, Email, Fax, OTHER:_____) on (DATE) _____ to:
- (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____
- (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____
- (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____
- (FULL NAME) ____, (TITLE) _____, (EMPLOYER) _____
- ***Additional lines as necessary***

Additional revision notations as necessary

Post-Event Report (PER) FAQ

Information provided courtesy of Holly Hospel & AhhHah! Discovery Tools

What is a Post-Event Report?

A Post-Event Report (PER) is a report of the details and activities of an event. A collection of PERs over time will provide the complete history of a recurring event. A PER is completed by the primary event organizer of an event, in conjunction with the suppliers for that event, and filed with each venue and facility that was utilized.

Why should I complete a report on an event that has already happened?

Once complete, the information a Post-Event Report (PER) contains can do many valuable things – all of which can benefit the event organizer and host.

- **Convey the "Bottom Line":** The APEX PER can be used as a starting point to translate numbers to dollars and cents, which is the universal language of business. What decision makers (whether it is a boss or a supplier) really want to know is "How much did it cost? And how much was our net profit?"
- **Leverage Your Business:** Use it to analyze the numbers and conduct research. Numbers can act as a crystal ball while lending credibility and leverage. Numbers help an event organizer in two critical areas:
    1. Anticipation – Tracking numbers will reveal patterns that will help prepare for and predict the future of an event.
    2. Negotiation – Accurately demonstrating an event's value gives an event organizer the credibility and confidence needed to negotiate effectively. For example, good historical data on room pick-up is vital when leveraging business with a hotel. Without it an event organizer is losing amenities, losing complimentary rooms, and losing discounted exhibit space.
- **Decision Making Tool**: A PER can help answer questions like "How many registration counters and registration personnel will be enough?" or "What food and beverage guarantee should be made?" It can give you insight into the unique characteristics of an event's attendees. A PER can show if attendees bring their children to the event, if they make a vacation out of it, whether they drive or fly in, and whether they care about Saturday night airfare discounts. With this knowledge, an event organizer can make better decisions such as knowing that it is more important to negotiate for free parking instead of free health club passes.
- **Leverage Your Career:** Use it to demonstrate your professionalism and performance as a successful event organizer. If you have been tracking your numbers you can use this information during your annual performance review to demonstrate just how much you have contributed to the organization's bottom line. The value of your professionalism and skill will become indisputable.