



Post Event Analysis

This Form Must Be Completed and Returned to the City of Rockdale Marketing Director No Later than 60 Days Following Your Event along with all Proof of Advertising & Hotel Room Night Pick Ups.

Event Information

Event Name: _____

Event Dates: _____

Event Expected And/Or Final Outcome

Attendance: _____

Hotel Room Nights by Hotel (Subject to Audit):

America's Best Value Inn: _____

Rainbow Courts: _____

Budget Inn: _____

Regency Inn: _____

Days Inn: _____

Rodeway Inn: _____

Quality Inn: _____

Other: _____

TOTAL: _____

The above accounting of our Special Project/Event is accurate and true to the best of my knowledge.

Authorized Signature

Date

Printed Name

Title/Responsibility

Return this form, supporting documentation and check (if applicable) to:

HAND DELIVERY:
City Manager
505 W. Cameron Ave.,
Rockdale, Texas 76567

MAIL:
City Manager
Rockdale City Hall
PO BOX 586
Rockdale, TX 76567

FAX -- Attn: City Manager 512-446-6258 * EMAIL: BHolly@RockdaleCityHall.com