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| EMPRESA O ENTIDAD: | | | | FECHA VALIDACIÓN | | | | | | | | | | | | | |
| EVENTO: | | | | NOMBRE AUDITORIO: | | | | | | | | | | | | | |
| DIRECCIÓN: | | | | NIT: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| SERVICIOS REQUERIDOS | | | | CONDICIONES DEL SERVICIO | | | | | | | | | | | | | |
| CUMPLE | | | | | | NO CUMPLE | | | | | | | |
| Mesa Principal-Sillas |  | | |  | | | | | |  | | | | | | | |
| Mesas Adicionales |  | | |  | | | | | |  | | | | | | | |
| Video Beam |  | | |  | | | | | |  | | | | | | | |
| Tablero - Marcadores-Borrador |  | | |  | | | | | |  | | | | | | | |
| Estación de Café y Agua |  | | |  | | | | | |  | | | | | | | |
| Amplificador-Micrófono |  | | |  | | | | | |  | | | | | | | |
| Decoración |  | | |  | | | | | |  | | | | | | | |
| Computador Portátil |  | | |  | | | | | |  | | | | | | | |
| Internet |  | | |  | | | | | |  | | | | | | | |
| Himnos |  | | |  | | | | | |  | | | | | | | |
| Otros |  | | |  | | | | | |  | | | | | | | |
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| **VALOR DEL AUDITORIO:** | Media Jornada |  | Jornada Completa | | |  | | Valor: $ | | | | | | | | | |
| **EVALUACIÓN DEL AUDITORIO Y LOGÍSTICA** | | | | | | | | | | | | | | | | | |
| Califique con una  **" X " 1 (valor mínimo) 5 (valor máximo)** | | | | | | | | | | | | | | | | | |
| **ITEM** | | | | **1** | **2** | | | **3** | **4** | | | **5** | | **No aplica** | | | |
| 1.CALIFIQUE EL SERVICIO Y ATENCIÓN RECIBIDA | | | |  |  | | |  |  | | |  | |  | | | |
| 2.CALIFIQUE LA PRESENTACIÓN DEL AUDITORIO | | | |  |  | | |  |  | | |  | |  | | | |
| 3.CALIFIQUE LA LOGÍSTICA DEL AUDITORIO | | | |  |  | | |  |  | | |  | |  | | | |
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| SUGERENCIAS |  | | |  | | |  | | | |  |  | | | |  |  | |
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| **INFORMACIÓN FINAL DEL EVENTO** | | | | | | | | | | | | | | |
| HORA DEL EVENTO | INICIO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | FINAL:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| CORREO ELECTRÓNICO |  | | | | | | | | | | | | | |
| NOMBRE CONFERENCISTA |  | | | | | | | | | | | | | |
| TIPO EVENTO | PRÉSTAMO | | | ALQUILER | | | | | | | | | | |
| # ASISTENTES:\_\_\_\_\_\_\_ | REFRIGERIO | | | ALMUERZO | | | | | | | | | | |
| TIPO DE EMPRESA | PÚBLICA | | | PRIVADA | | | | | | | | | | |
| VALIDADO POR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_­­­­­\_ RESPONSABLE | | | |  | | | | | | | | | | |  | | | | |