

EVENT INFO FORM

PLEASE FILL OUT AND RETURN TO **InstantImage!**

EVENT

DATE _____
LOCATION _____
START TIME _____
STOP TIME _____

PAYMENT METHOD

ON-SITE CONTACT

PHONE _____
EMAIL _____

EVENT CLIENT

EVENT DESCRIPTION

InstantImage! OFFICE USE ONLY

INVOICE # _____

SPECIAL NOTES: _____

FLASH ON CAMERA

ON-SITE PRINTING QUANTITY SIZE

CREW: _____
