**EVENT ORGANISER REGISTRATION FORM**

The Event Organiser Registration Form is required to be completed by all Event Organisers who wish to utilise The Arena Kuwait’s facilities. The information will be used to set up your account and allow The Arena Kuwait team to efficiently manage all your future events.

Please submit the completed form to: greatevents@thearenakuwait.com

For further inquiries, kindly dial: +965 25 362 454 or +965 25 362 362

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EVENT ORGANISER COMPANY DETAILS | | | | | |
| Company Name |  | | | | |
| Registered Address |  | | | | |
|  | | | | |
| Postal Code |  | City | |  | |
| Country |  | Website | |  | |
| Social Media | *Please include all social media accounts* | | | | |
|  | | | | |
| Office Telephone No. |  | | Company License No. | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| KEY PERSONNEL DETAILS | | | | | | | |
| Contact 1 – CEO / GM | | | | | | | |
| Name |  | | | Designation |  | | |
| Tel. Direct |  | Mobile |  | | Email |  | |
| Contact 2 – CFO / Finance Manager | | | | | | | |
| Name |  | | | Designation |  | | |
| Tel. Direct |  | Mobile |  | | Email | |  |
| Contact 3 – Key Contact Point | | | | | | | |
| Name |  | | | Designation |  | | |
| Tel. Direct |  | Mobile |  | | Email | |  |
| Contact 4 – Key Contact Point | | | | | | | |
| Name |  | | | Designation |  | | |
| Tel. Direct |  | Mobile |  | | Email | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CORPORATE OVERVIEW | | | | | | | |
| Please answer by YES or NO to describe your business activities | | | | | | | |
| We Organise our own events? | | |  | | | | |
| We Organise / co-organise events on behalf of clients? | | | | |  | | |
| We Organise the following types of events: | | | | | | | |
| Conference |  | Exhibition / Expo | |  | | Corporate Event |  |
| Sport Event |  | Banquet / Wedding | |  | | Community Event |  |
| Others |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| PREVIOUS EVENT EXPERIENCE | | | |
| Please outline your last five events | | | |
| # | Name of Event | Date | Location (Country, City) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

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