

## GRANT COUNTY TOURIST AND CONVENTION COMMISSION

1350 N. Main, Williamstown, Ky. 41097 Mailing address: P.O. Box 160, Williamstown, Ky. 41097

859-824-3322

1-800-382-7117

## www.visitgrantky.com

## **Grant County Tourist & Convention Commission Post Event Report**

This report must be submitted 30 days following the event and should include a profit/loss statement for the event, as well as, a copy of promotional materials showing use of the Grant County Tourist & Convention Commission logo.

Event Name:	
Event date(s):	
Location of Event:	
	Phone:
	Website:
Total number of attendees: (try to b	e as accurate as possible)
Total number of room nights used:	
Dollar amount granted by GCTCC:	
Please rate the success of your event	:
Did you serve food during the even	t or did attendees use local eateries?
	tures using the sponsorship (grant) provided by the Grant County Tourist &
Identify any changes or variations fr	rom the original plan in terms of time, cost or approach:
Identify other organizations with w	hich you partnered or collaborated:
Describe your marketing, public rel	ations and communications plans. Were they successful?
What was the economic impact of t	his event/project:
(date)	(signature)