

TTAB Legacy Grant Final Report

Event Name:

Event Organization:

Contact Name:

Grant Funds Requested:

Event Date:

Contact Phone:

Grant Funds Received:

Do you feel your event was successful? Please explain why or why not:

Do you anticipate to continue this event?

Fill in the chart with whatever information you have available to you:

	Estimated	Actual
Number of rooms occupied		
Average cost of those rooms		
Number of attendees		
Meeting space rental and/or F&B		

Attach any recognition from TTAB

For TTAB Use:

Total Economic Impact		
ROI		
Comments:		