

1 Registration

Tips

Name

Email

Mobile

Country

 ▼

State

 ▼

City

 ▼

Address

Zip Code

Registration Type

- Speaker Guest Event Organization

 **Submit**


Event Title

Event Location

Starts

Ends

Event Image



Event Description

Event Capacity

Organizer Name

Organizer Description

Ticket

Name

Price

Seats

Delete



Name

Price

Seats

Delete



Name

Price

Seats

Delete



Speaker

Name

Email

Delete



Name

Email

Delete



Name

Email

Delete



Venue

Country

State

City





Zip Code

Address

Telephone No

Mobile No

Search

Sr.	Event Title	Date & Time	Date & Time	Email	Copy	
1.	Event Title - A	20/8/2015 10:15	25/8/2015 22:00			<input type="checkbox"/>
2.	Event Title - A	20/8/2015 10:15	25/8/2015 22:00			<input type="checkbox"/>
3.	Event Title - A	20/8/2015 10:15	25/8/2015 22:00			<input type="checkbox"/>
4.	Event Title - A	20/8/2015 10:15	25/8/2015 22:00			<input type="checkbox"/>

4 Email Campaign

Tips

Event Name

Starts

Ends

E-mail

Select Group



Upload File



Message



Submit


Event Title

Event Location

Starts

Ends

Event Image



Event Description

Event Capacity

Organizer Name

Organizer Description

Ticket

Name

Price

Seats

Delete



Name

Price

Seats

Delete



Name

Price

Seats

Delete



Speaker

Name

Email

Delete



Name

Email

Delete



Name

Email

Delete



Venue

Country

State

City

Zip Code

Address

Telephone No

Mobile No

Event Name

Define Your Event Name

Starts

09/28/2015

07:00pm

Ends

09/28/2015

10:00pm

Accommodation

Yes No

Event Description

Give it a short Description

Select Ticket Type

Select Group ▼

Primary E-mail

Email Address

Name

Your Name

E-mail

Your Email

Price

100 \$

Delete



Name

Your Name

E-mail

Your Email

Price

100 \$

Delete



Name

Your Name

E-mail

Your Email

Price

100 \$

Delete



Total Amount 3000 \$

+ Add More

Pay Now

Event Name

Starts

Ends

E-mail

Select Group



Upload File



Message



Submit

8 Membership

Tips

Name

Your Event Name

Duration

Duration

Price

500 \$

Description

Give it a short Description



Submit

Sr.	Event Title	Date & Time	Date & Time	Status	
1.	Event Title - A	20/8/2015 10:15	25/8/2015 22:00	Active	<input type="checkbox"/>
2.	Event Title - A	20/8/2015 10:15	25/8/2015 22:00	Inactive	<input type="checkbox"/>
3.	Event Title - A	20/8/2015 10:15	25/8/2015 22:00	Active	<input type="checkbox"/>
4.	Event Title - A	20/8/2015 10:15	25/8/2015 22:00	Active	<input type="checkbox"/>

Event Name**Event Venue****Starts****Ends****Guest Email****Guest Mobile****Event Name****Ticket Type****Ticket No****Price**

11 Event Attendee/Guest

Tips

Search

Event Name

20/8/2015

30/8/2015

Go

Event Name

Guest Name

Ticket Type

Ticket Price

Status

Event Name

Guest Name

Type-A

100 \$

Recv.

Event Name

Guest Name

Type-A

500 \$

Fail

Event Name

Guest Name

Type-A

100 \$

Recv.

Event Name

Guest Name

Type-A

100 \$

Recv.

Total Price 3000 \$