

planner's guide

Here is a simple guide to help you organize your event.

Name of event: _____

Contact Person: _____ Phone Number: _____

A. Basic Event Information:

1. Day(s) and date(s) of event: _____
2. Time Event Begins: _____
Ends: _____
3. Estimated number of guests: _____
4. Type of seating required:

<input type="checkbox"/> Auditorium/theatre	<input type="checkbox"/> Hollow Square
<input type="checkbox"/> Classroom	<input type="checkbox"/> U-shape/Double U
<input type="checkbox"/> Rounds	<input type="checkbox"/> Dance Floor
<input type="checkbox"/> Conference Table	
5. Anticipated Audio Visual Needs:

<input type="checkbox"/> Digital LCD Projector	<input type="checkbox"/> DVD/VCR/CD Player
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Blue Ray
<input type="checkbox"/> Projection Screen	<input type="checkbox"/> Computer with Wireless Remote
<input type="checkbox"/> Microphone Type: _____	<input type="checkbox"/> Internet Access
<input type="checkbox"/> Flip Chart & Markers	<input type="checkbox"/> Wireless Lavalier Microphone
<input type="checkbox"/> White Board & Markers	<input type="checkbox"/> Other _____
<input type="checkbox"/> Extension cords/ power strip	_____
6. Advanced Shipments:

<input type="checkbox"/> Yes – Carrier _____
<input type="checkbox"/> No
7. Food Service Required:

<input type="checkbox"/> Breaks	<input type="checkbox"/> Reception
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Dinner
<input type="checkbox"/> Lunch	
8. Billing:

<input type="checkbox"/> Direct Billing
<input type="checkbox"/> Advanced Deposit/Pre-pay
9. Tax Exempt

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B. Three Weeks Before Your Event – Verify:

1. Every Schedule (indicate time) –
 - Coordinator/presenter arrives: _____
 - Registration/breakfast begins: _____
 - Event begins: _____
 - Morning break: _____
 - Lunch: _____
 - Afternoon Break: _____
 - Reception: _____
 - Dinner: _____
 - Event ends: _____
2. Menu Selection:
 - Review current menu
3. Additional Equipment:

<input type="checkbox"/> Podium	<input type="checkbox"/> Head Table
<input type="checkbox"/> Microphone	<input type="checkbox"/> Materials Table
<input type="checkbox"/> Table-top lectern	<input type="checkbox"/> American Flag
<input type="checkbox"/> Easel	<input type="checkbox"/> Piano
<input type="checkbox"/> Registration Table/chairs	<input type="checkbox"/> Display Tables
<input type="checkbox"/> Table for presenter	<input type="checkbox"/> Stage/platform
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Table Numbers
4. In addition, do you need:

<input type="checkbox"/> Name tags	<input type="checkbox"/> Telephone
<input type="checkbox"/> Name table tents	<input type="checkbox"/> Speaker Phone
<input type="checkbox"/> Transparencies	<input type="checkbox"/> Pads of paper/ pens
<input type="checkbox"/> Computer	<input type="checkbox"/> Signs/banners
<input type="checkbox"/> Printer	<input type="checkbox"/> Security
<input type="checkbox"/> Fax Services	<input type="checkbox"/> Parking/valet
<input type="checkbox"/> Decorations/ centerpieces	
<input type="checkbox"/> Other: _____	