



CAMPUS EVENT INFORMATION CHECK LIST

NAME OF EVENT: _____ DATE OF EVENT: _____

ORGANIZATION: _____

GENERAL INFORMATION

POINT OF CONTACT: _____

PHONE: _____

EMAIL: _____

START TIME: _____ END TIME: _____

ESTIMATED ATTENDANCE: _____

OPEN TO PUBLIC: _____

LOCATION AND SET-UP

ROOM(S) REQUIRED: _____

SPACE RESERVED: YES ___ NO ___ DATE _____

SCHEMATIC NEEDED? YES ___ NO ___

_____ # OF TABLES/ SIZE OF TABLES _____

_____ # OF CHAIRS/ ___ PODIUM ___ COAT RACK

SET UP: _____

A/V

START TIME: _____ END TIME: _____

___ LAPTOP ___ SCREEN ___ EXT. CORDS

___ VID. PROJECTOR ___ INTERNET ACCESS

___ WIRELESS ___ LOG-IN INFO ___ MIC

___ OVERHEAD PROJECTOR ___ DVD/CD PLAY.

___ POWERPOINT: VIDEO/AUDIO

QUOTE

DATE MAILED/EMAILED: _____

RETURNED/ACCEPTED? YES ___ NO ___

WORK ORDER DATES

FACILITIES: _____ A/V: _____ IT: _____

UPD NOTIFIED: _____

VEHICLES RESERVED: _____ TRAVEL ORDER: _____

PERMITS & INSURANCE

REVOCABLE PERMIT REQUIRED: YES ___ NO ___

PERMIT MAILED: _____

PERMIT RETURNED/SIGNED: _____

INSURANCE CERTIFICATE REC'D: _____

DEPOSIT REC'D: _____

CATERING

___ YES ___ NO ___ CONTACT CAS

RECEIVED CAS CONTRACT: _____

PARKING

___ CONTACT UPD ___ PARKING PASSES

PARKING

___ ELECTRONIC SIGN ___ SHAREPOINT

___ SIGNS INSIDE/OUTSIDE