

# Set up Worksheet

Event Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

## Set up type:

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Boardroom          | <input type="checkbox"/> Banquet   |
| <input type="checkbox"/> Seminar/Classroom  | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Theater/Auditorium | <input type="checkbox"/> U-shape   |

Other please specify:

## Audio/Equipment Needed

Podium \_\_\_\_\_  
Podium Microphone \_\_\_\_\_  
Projector \_\_\_\_\_  
Screen \_\_\_\_\_  
Table Mic/Stands \_\_\_\_\_

Cordless Mic \_\_\_\_\_  
Lavalier Mic \_\_\_\_\_  
Standing Mic \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

**Food**      Yes \_\_\_\_\_      No \_\_\_\_\_

**If yes indicate:**      Buffet      Sit-Down Meal      Coffee Break      Continental

## Additional Set-up information:

Diagram:



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