



Primary Contact		Today's Date
Event Coordinator	Phone	Email

EVENT	
Event Name/Purpose	Number of Guests

LOCATION			
Primary Location		Alternate Location	
Person to make Reservation		Phone	Email
Contact Person at Location		Phone	Email
Additional Information		Reservation Deadline	<input type="checkbox"/> Task Completed Initials _____

DATE			
Event Date		Recurring Event <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	End Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
		Frequency _____	
		Last Occurrence _____	

PRELIMINARY MEETINGS					
1.	LOCATION OF PREPARATORY MEETINGS	DATE	TIME	Contact Person	Phone
				Participants	
2.					
3.					

ROOM SET-UP/CLEAN-UP				
DETAILS OF ROOM SET-UP		DATE	Contact Person	Phone
			Participants	
		TIME		

DETAILS OF ROOM CLEAN-UP		DATE	Contact Person	Phone
			Participants	
		TIME		

CATERING

Catering Company		Number of Guests	Food Delivery Date and Time
Contact Person at Catering Company		Special Details: (i.e. coffee, meals, desserts...)	
Phone	Email		
Person to order Catering			

ALCOHOL

The University requires a Banquet Permit if alcohol is served. See COE Event Procedure Manual for further information about this process.		Banquet Permit Purchase Date
Person to obtain Banquet Permit		<input type="checkbox"/> Task Completed Initials _____

COMMUNICATIONS AND GRAPHICS

GUEST LIST	Contact Person	Phone	Deadline	<input type="checkbox"/> Task Completed Initials _____
INVITATIONS	Contact Person	Phone	Deadline	<input type="checkbox"/> Task Completed Initials _____
NAME TAGS	Contact Person	Phone	Deadline	<input type="checkbox"/> Task Completed Initials _____
AWARDS/ CERTIFICATES	Contact Person	Phone	Deadline	<input type="checkbox"/> Task Completed Initials _____
HANDOUTS	Contact Person	Phone	Deadline	<input type="checkbox"/> Task Completed Initials _____

TECHNICAL INFORMATION

Equipment Requested		Set-up Time
<input type="checkbox"/> Slide Projector <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Laptop <input type="checkbox"/> LCD Projector <input type="checkbox"/> TV/VCR <input type="checkbox"/> Other (specify) _____		Removal Time
Person responsible for Equipment Arrangement and Set-up		Reservation Deadline

OFFICE SUPPLIES

Supplies Requested	
<input type="checkbox"/> Pens <input type="checkbox"/> Folders <input type="checkbox"/> Notepads <input type="checkbox"/> Others (specify) _____	
Person to order Supplies from Front Office	<input type="checkbox"/> Task Completed Initials _____

BUDGET

Estimated Cost	Budget Number	Budget Approval (Signature)
\$		

ADDITIONAL CONSIDERATIONS

PARKING ARRANGEMENTS	Paid by COE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact
	Mailed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CAMPUS MAPS	Mailed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact
DIRECTIONAL SIGNS	Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact
	Posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PHOTOGRAPHY	Details		Contact
TRAVEL	Details		Contact
SPECIAL ACCOMMODATIONS	Specify		Contact
ADVERTISEMENT/PRESS	Specify		Contact
FOLLOW UP	Details		Contact
OTHER	Specify		Contact