EVENT INFORMATION:

Event Date: ____________________ Date of Request: ____________________
Event Name: ____________________ Phone Number: ____________________
Contact Name: ____________________ Email: _________________________
Event Location: ____________________________________________________

Event Start: ____________ AM/PM End: ____________ AM/PM
Reserved: ____________ AM/PM End: ____________ AM/PM

Anticipated Number of Attendees: ____________________ Number of Speakers: ____________________
Names of Speakers: ____________________________________________________________

PLANNING:

- Law School Community Calendar
- Location determined/Room Reservation made
- Dean’s briefing (if applicable)

CATERING SERVICES

Food

___ Yes   ___ No

Budget: $________________________

- Reception
- Light hors d’oeuvres
- Heavy hors d’oeuvres
- Cookies
- Dinner  ____ buffet  ____ Plated
- Beverages only

Table Linens

Yes    No

Biodegradable Tableware

Yes    No

Alcohol Approval form required if alcohol is being served

- Submitted
- Approved
FACILITIES/ROOM SET-UP

Tables: ___# Needed

___ Registration  ___Display  ___Food  ___Beverage  ___Head Table

Chairs: ___# Needed

___ Registration  ___Display  ___General Seating

Trashcans: Yes  No  # of Trashcans ___

Coat Rack  Yes  No
Whiteboard  Yes  No
Easel  Yes  No
Flip Chart  Yes  No

Notes:

Diagram of Layout:

AUDIO VISUAL/MEDIA

- Podium (with Microphone)  ___
- Laptop  ___
  - Wireless Lapel Microphone  ___
  - Table Lectern  ___
  - Microphone w/ Stand  ___
  - Screen  ___
  - Slide/Overhead Projector  ___

Conference Phone  ___
TV/VCR  ___