EVENT SET-UP PLAN

Title of Program ____________________________ Room __________

Event Date __________ Recurrence ____________ Event Time __________

Primary Contact ____________________________________________________________

Phone ____________________ Email ________________________________

Presentation  □   Zoom Meeting  □   Zoom Number ______________________

Furniture Requested

Tables

Tables, 6 ft. rectangle ____________ Tables, Other ____________

Chairs

Number of Chairs ________

Custom Setup:
Please draw a diagram of your setup on the back.
Equipment Requested

☐ Chalice Table
☐ Chalice Box
☐ Flipchart, Easel and Pens
☐ Dry Erase Pens
☐ Lectern

☐ Zoom Meeting Technology
☐ Presentation Technology
☐ A/V Cart
☐ DVD Player
☐ Piano

Additional Notes