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