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