



SET UP REQUIREMENTS FOR MEETINGS AND GATHERINGS

Event: _____

Event Co-Ordinator: _____ **Telephone Number:** _____

Date of Event: _____ **Time for completed set-up:** _____

Room required: _____ **Number of people:** _____

Equipment Required:

Projector/Cart: **TV/VCR Cart:** **Screen:** **Lectern:** **Qty. Tables:** _____

Qty. Chairs: _____ **Mic/Audio:** **Other:** _____

Notes/Diagram: