

AVS SPECIAL EVENT PLANNING WORKSHEET

EVENT PLANNER INFORMATION			
Contact Person:			
Department:		Sponsor:	
Phone #:		Fax #:	
EVENT INFORMATION			
Event Name:			
Event Date:		# Attending:	
Start Time:		End Time:	
EVENT LOCATION			
Building		Room	
PLANNING WORKSHEET			
Activity	Yes/No	Additional Information	
Panel Discussion:		# of Panelists:	
Audience Response:		Audience Size:	
Podium:			
		AV Use Only	
Equipment Type	# Needed	AV #	Comments
Data Projector			
Overhead Projector			
Slide Projector			
Extension Cord			
Amplifier			
Extension Speaker			
Tape Recorder			
Remote Control			
Remote Control Ext.			
Wireless Mike			
Easel			
Easel w/ Pad			
Cart			
Screen			
Other:			
Technician	Start Time	End Time	AV Use Only
			Mileage: <input style="width: 50px;" type="text"/>