

## **General Event Checklist**

MUST BE RETURNED TO T	HE SCHEDULING CI	ENTER BY:	
Failure to return this comple	eted form by the above	date will cancel your ev	vent reservation.
EVENT:			
PRIMARY CONTACT:			
CONTACT #:			
EVENT REFERENCE #:			
Location			
Building: Roo		loom:	
Unlock Time:		vent Start Time:	
Lock Time:		Event End Time:	
Attendance			
Who will attend? Member	s Members/Guests	S Open to Public	All CWU
How many are expected to atte	nd?		
Will you charge for admissions	, or ask for donations?	YES NO	
Will this event be advertised?	YES NO		
Do you plan on decorating or h	anging items in the roo	om? YES NO	
Will you distribute food or drin	ık? YES NO		
Will you serve or provide alcoh	nolic drinks? YES N	Ю	
Will your guests need direction	s to CWU? YES N	IO	

## Equipment

Will you or your presenter need a microphone? Handheld Lapel Headset

Will you or your presenter need a data projector, DVD player, VCR or cable TV? YES NO

Will you or your presenter need a laptop and accessories for this presentation?

Laptop w/Internet Laptop W/O Internet Wireless Remote

Software needs:

PowerPoint Internet Explorer Mozilla Firefox Windows Media

Novell DVD Player Media Microsoft Suite Downloaded Program

Will you or your presenter need an overhead projector Document camera? YES NO

Will you or your presenter be bringing their own: Laptop Projector

Will you or your presenter need a flip chart? YES NO How many?

Will you or your presenter need a white board? YES NO

Will you or your presenter be showing a movie? YES NO

Do you or your presenter have special equipment needs for this event? Please Explain:

**Setup** (All meeting rooms are set Board Style)

Does this event require one of the following room setups:

Conference Style Banquet Style Classroom Style Theatre Style

Other, please explain or attach map:

Will you need additional garbage cans?

Will you need additional: Tables #: Chairs #:

How many inside the room: (ex: Catering) Tables? Chairs?

How many outside the room: (ex: Registration) Tables? Chairs?

Additional setup needs or comments:

Would you like to setup a meeting with an event planner? YES NO

Please return this form to:

Mail Stop: 7452

**Fax:** (509)963-1894

Mail: Attn: Student Union Operations

400 East University Way SURC Room 146

Ellensburg, WA 98926-7452

If you have questions or concerns please feel free to contact

**Student Union Operations** 

(509)963-1321

This form is for general campus rooms, SURC 135, 137, 140, 201, 202, 271, 210, 215, 301, PATIO W/E.