



General Event Checklist

MUST BE RETURNED TO THE SCHEDULING CENTER BY: _____

Failure to return this completed form by the above date, will cancel your event reservation.

EVENT: _____

PRIMARY CONTACT: _____

CONTACT #: _____

EVENT REFERENCE #: _____

Location

Building: _____ Room: _____

Unlock Time: _____ Event Start Time: _____

Lock Time: _____ Event End Time: _____

Attendance

Who will attend? Members Members/Guests Open to Public All CWU

How many expected to attend? _____

Will you charge for admission, or ask for donations? YES NO

Will this event be advertised? YES NO

Do you plan to post signs on campus? YES NO

Do you plan on decorating, or hanging items in the room? YES NO

Will you distribute food or drink? YES NO

Will you serve or provide alcoholic drinks? YES NO

Will your guests need directions to CWU? YES NO

Equipment

Will you or your presenter need a microphone? Handheld Lapel Head worn

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 or Document cam? *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 Theater Style
Other, please explain or attach a 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: Union Operations & Scheduling
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 & Scheduling:
509.963.1321

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