

# Preliminary Meeting Planning Checklist

Function: \_\_\_\_\_ Date: \_\_\_\_\_ # Attending: \_\_\_\_\_

Determine purpose of your function: \_\_\_\_\_

Are guest's accommodations involved? \_\_\_\_\_

Are the available room sizes appropriate for your meeting? \_\_\_\_\_

Determine the best facility setup for each function to achieve your goal: \_\_\_\_\_

Speaker Name(s): \_\_\_\_\_

What equipment requirements are needed?

Audio Visual-

Microphone:	Lav <input type="checkbox"/>	Hand Held <input type="checkbox"/>	Microphone Stand <input type="checkbox"/>
AV:	Electric Pointer <input type="checkbox"/>	Screen <input type="checkbox"/>	Overhead Projector <input type="checkbox"/>
	TV/VCR <input type="checkbox"/>	Telephone <input type="checkbox"/>	LCD Projector <input type="checkbox"/>
	Whiteboard <input type="checkbox"/>	Flip Chart <input type="checkbox"/>	Computer <input type="checkbox"/>
	Risers <input type="checkbox"/>	Internet Access <input type="checkbox"/>	Connection Speed <input type="checkbox"/>

Meeting Room Setup-

Rounds <input type="checkbox"/>	Theatre <input type="checkbox"/>	Classroom <input type="checkbox"/>
Conference <input type="checkbox"/>	U Shape <input type="checkbox"/>	Head Table <input type="checkbox"/>
Display <input type="checkbox"/>	E Shape <input type="checkbox"/>	Linen/Skirting <input type="checkbox"/>

Function Itinerary-

Time Table: Room Set By: \_\_\_\_\_  
 Meeting Begins: \_\_\_\_\_ Ends: \_\_\_\_\_  
 Departure Time: \_\_\_\_\_  
 Break Time(s): \_\_\_\_\_  
 Meal Time(s): \_\_\_\_\_

Will there be food/beverage requirements? \_\_\_\_\_

Other special arrangements to be made: \_\_\_\_\_

Date to complete preliminary planning: \_\_\_\_\_