

Guest Speaker Set-up

Speaker Information:

Person Hosting Speaker: _____ Today's Date: _____

Speaker's Name: _____ Mtg. Date(s): _____

Contact Person: _____ Mtg. Time(s): _____

Phone Number: _____ Email: _____

Address: _____

Speaker Introduced By: _____

Speaker Biography: (Write or attach)

Facility Information

Room Using: _____

Hospitality Setup Options:

- | | | | |
|---|--|---|-----------|
| <input type="checkbox"/> Presentation materials table | Indicate # of Tables _____ | White Table Cloths | YES or NO |
| <input type="checkbox"/> Refreshment Table | Indicate # of Tables _____ | White Table Cloths | YES or NO |
| <input type="checkbox"/> Coffee Pitchers # _____ | <input type="checkbox"/> Coffee cream/sugar etc. | <input type="checkbox"/> Water Pitchers # _____ | |

Meeting Room Materials Request:

- | | | |
|--|---|--|
| <input type="checkbox"/> Podium | <input type="checkbox"/> Hand-help Microphone | <input type="checkbox"/> Internet Connection |
| <input type="checkbox"/> Whiteboard | <input type="checkbox"/> Television | <input type="checkbox"/> Flag |
| <input type="checkbox"/> Chart Paper | <input type="checkbox"/> DVD player | <input type="checkbox"/> Drink for presenter |
| <input type="checkbox"/> Easel | <input type="checkbox"/> Projector | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Music stand | <input type="checkbox"/> Projection screen | |
| <input type="checkbox"/> Wireless Microphone | <input type="checkbox"/> Computer | |

Other Setup Preferences:

Copies needed:

File sent to: _____ Number needed: _____

Return to Ryan Anthony @ ryana@stannaugusta.org or return to the office.

Office Use Only:

Set up needed to be completed by: _____ Date _____ Time: _____

Person(s) to complete set-up: _____