

Set-up check sheet

Date submitted: _____

Event: _____ Date of Event: _____

Contact person: _____

Space to be set up: _____

Set-up needed to be complete by: _____

Tables/round/rectangle/chairs per:

Chairs:

Speakers/amplifier/microphones:

Video/projector/screen:

Chart paper/easel/whiteboard:

Additional cleaning/storage needed:

Any special Instructions:

Diagram of set-up: