

Meeting Checklist

- 1) What dates and times will your meeting, training session, or event be taking place?

- 2) What type of rooms will you be needing?

- | | | |
|-----------------------|-------|--------------------------|
| Classroom | | <input type="checkbox"/> |
| U-Shaped room | | <input type="checkbox"/> |
| Theater-Style seating | | <input type="checkbox"/> |
| Square room | | <input type="checkbox"/> |
| Conference room | | <input type="checkbox"/> |
| Computer lab | | <input type="checkbox"/> |

- 3) Do you need equipment for a presentation?

- | | | |
|----------------------|-------|--------------------------|
| LCD projector | | <input type="checkbox"/> |
| Screen | | <input type="checkbox"/> |
| Overhead projector | | <input type="checkbox"/> |
| Markers | | <input type="checkbox"/> |
| Microphone/lavalier | | <input type="checkbox"/> |
| Podium | | <input type="checkbox"/> |
| Flip chart and stand | | <input type="checkbox"/> |

- 4) Will you be serving food or beverages to guests?

- | | | |
|-----------------------|--|--------------------------|
| Continental breakfast | | <input type="checkbox"/> |
| Hot beverages | | <input type="checkbox"/> |
| Snacks | AM <input type="checkbox"/> PM <input type="checkbox"/> | |
| Lunch | Hot <input type="checkbox"/> Cold <input type="checkbox"/> | <input type="checkbox"/> |
| Dinner | | <input type="checkbox"/> |
| Reception | | <input type="checkbox"/> |

- 5) Give us a call.