



## Rhode Island College Event Planning Checklist

Client Information			
Name:		Email:	
RIC Department?		Phone Number:	
Organization Name:			
Do you have a current booking?	Yes <input type="checkbox"/> No <input type="checkbox"/> EMS# _____		
Conference <input type="checkbox"/> Round Table <input type="checkbox"/> Seminar <input type="checkbox"/> Performance <input type="checkbox"/> Athletics <input type="checkbox"/>			
Time Logistics: What kind of an event are you hoping to have?			
Date Preferences:		Number of people expected to attend:	
What is the duration of your event? Both days + times:		What time will guests arrive? Program begins? Guests depart?	
Room Needs: What type of room are you looking for?			
Location Ideas/What type of room are you looking for?			
How will room be set up?			
Guest Needs: What are your guests needs?			
Will you be serving food and/or beverage?		Meal Times? Locations?	
Technical Needs/Budget/Other			
What are audiovisual/technical needs?			
Any additional details we should know about?			
Reviewed By:		Date:	
Notes:			