

EVENT PLANNING FORM

Event Name _____

Sponsored By _____

Date Submitted _____

Building _____

Room(s) _____

Setup/Teardown Dates and Times:

(Subject to approval)

Date _____ Time _____ A.M. P.M. To Time _____ A.M. P.M.

EVENT DATES AND TIMES:

Please use **actual starting** and **ending** times for event.

Date(s) _____ Time _____ A.M. P.M. To Time _____ A.M. P.M.

Date(s) _____ Time _____ A.M. P.M. To Time _____ A.M. P.M.

Date(s) _____ Time _____ A.M. P.M. To Time _____ A.M. P.M.

Please attach a rough draft of the itinerary or program for your event.

SERVICES REQUESTED:

See organizational checklist for event planning on second page.

ROOM DIAGRAM *(required)*

If submitted without a Room Diagram, Campus Events will provide you with a best fit.

CUSTOMER INFORMATION:

Reserved By _____

Contact Person(s) _____

Email _____

Telephone (_____) _____ P.O. _____

ON-CAMPUS OFFICE/ORGANIZATION:

Charge Acct. # *(required)* _____

(All events are subject to setup and service charges.)

OFF-CAMPUS ORGANIZATION:

Bill To _____

Street Address _____

City/State/ZIP _____

FOR OFFICE USE ONLY

RESERVATION # _____ WORK ORDER NEEDED _____

Approved _____ Date _____

COPIES TO:

- Event Book Building Supervisor Boiler Plant
- DMS – Sound DMS – Video Concessions Catering
- Lights Telecom Deliveries Grounds Electrical
- Security Music FFCT Athletics Parking Boiler Plant
- Other _____

Revisions *(Initial/Date)* _____

W

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Setup information must be documented on this form at least **three weeks** before the event is to take place. Be clear and concise with your request. Any changes to the original request must be communicated to Campus Information via email or phone. Please do not resubmit this form. Campus Information is not responsible for the changes unless we have been notified in advance.

Organizational Checklist for Event Planning

Complete the checklist for services and/or equipment you are requesting. If you have any questions regarding the details of an event, please contact the Campus Information Office at (218) 299-4000.

(Check all that apply)

Room Setup

Estimated number of attendees _____

CHAIR DESIGN:

LECTURE/CONCERT STYLE:

- Straight rows Offset rows
(Maximum number of chairs per row is 14.)

MEETING/BANQUET TABLE DESIGN:

- Conference Square U-Shape Conference
 Round Tables 8-foot Tables – Banquet
 Classroom style – Tables with chairs on one side

OTHER TABLES:

(For tablecloths and skirting, please contact Catering by Concordia.)

- Display table.** Quantity _____
 8-foot 6-foot 4-foot Serpentine
- Registration table.** Quantity _____ Chairs _____
 8-foot 6-foot 4-foot Serpentine
- Catering table.** Quantity _____
 8-foot 6-foot 4-foot
 Serpentine Half Moon

Knutson Centrum Stage

- Size: (W) _____ (D) _____ (H) _____
(Available Sizes, w x d x h: "Chapel Size" (12' x 8' x 16"); 8' x 4' x 8"; 8' x 4' x 16"; 8' x 8' x 16"; 12' x 8' x 16"; 20' x 8' x 16"; 24' x 12' x 16"; 24' x 16' x 16")
 Black surface Carpeted surface

Memorial Auditorium Stage

(Many different available sizes and options.)

- Steps on _____ side _____
- Size: (W) _____ (D) _____ (H) _____
 Black surface (shiny)
 Carpeted surface
 Handicap ramp (Memorial Auditorium only)

Special Equipment

- Podium
 Curtains backdrop and/or side 16-foot velour
 Curtains 8-foot display 8-foot border
 Sound shells Floor rolling Overhead
 Floor cover (Memorial Auditorium only)
- Risers Height _____ Number _____
 Choral risers Three-step Four-step
 Piano Off stage On stage (Extra charge – professional movers required)
 Banners
 Skirtings Attached Unattached (pipe and rail)

DMS (Olin) – Sound Services – dms@cord.edu

(Please call DMS Sound/Video to confirm any special needs prior to completing this form.)

(All equipment is subject to availability.)

Sound check required? Yes No

Scheduled date/time: _____

(Sound Services staff will determine if this is possible.)

SPECIFIC MICROPHONE TYPE OR USE

(Subject to availability. If possible, make note of location on room diagram.)

- Podium Microphone: Quantity _____
- Handheld Corded Floor Q & A: Quantity _____
- Handheld Wireless Floor Q & A: Quantity _____
- Table Top: Quantity _____
- Head-Worn Wireless Only: Quantity _____
- iPod playback CD playback
- Laptop Sound
Provide details: _____

DMS (Olin) – Video Services – dms@cord.edu

(Please call DMS Sound/Video to confirm any special needs prior to completing this form.)

- Single Camera
 Multi Camera (Contact DMS with specifics – 299-4202)
 Video Projection (LCD Projector)
 Screen: 9x12 6x8
 Laptop Computer
 Video: DVD Other format
 PowerPoint: YES NO

Tech assistance needed

- Webcast: YES NO
 TV/DVD playback (40-inch screen):
 1 Unit 2 Units

Campus Lights

- 299-3775
 Stage lighting
 Overhead orchestra shell lights (Memorial Auditorium)

Other _____
(Please call Campus Lights to confirm any special lighting needs after completing this form.)

Telecom Services

(Not all rooms have telephone access.)

- Basic desk phone. Quantity _____
- Group speaker phone. Quantity _____
- Need temporary telephone number activated
- Date _____ Location _____
- Start time _____ End time _____

Facilities Management Arrangements

BUILDING SERVICES:

- Extra garbage cans (#) _____
- Other _____

DELIVERIES:

- Delivery time _____
- Pickup time _____
- Delivery. Item(s) _____

GROUNDS SERVICES:

- Extra garbage cans (#) _____
- Garbage pickup. Time _____

PARKING SERVICES:

- Barricades. Time _____
- Other _____

GENERAL CONSTRUCTION (CARPENTRY):

ELECTRICAL SERVICES:

- BOILER PLANT: MA (air handlers off – concert mode)

Event Security

(May be required by Director of Public Safety.)

- Additional security officer on duty
 Parking attendants
 Bus transportation arrangements
 CEMERT

Concessions

- Contact **Catering by Concordia** to arrange for food, beverage and table linen needs. Email catering@cord.edu or call (218) 299-4271. (3 week lead time preferred)

OTHER SPECIFIC DETAILS:

(i.e., additional time needed for setup, teardown, etc. Include details.)