Conference Planning Worksheet

Contact Info	rmation							
Event Title _								
Contact Name	e							
Title								
Company/Org	ganization							
Address								
City, State, Z	ip							
Phone	PhoneFax							
E-mail								
Event Descri	ption (will be used for on	lline registration pa	age, if app	olicable)				
Dates and Si	ze							
Group Size (i	ncluding staff)							
Preferred Dat	es							
Will there be	any early arrivals or late of	departures?						
Group Histo	ry							
	e us with information con							
Date	Venue	City	State	Number in attendance				
What was las	t year's budget for this even	ent?						
	oly the agenda for last year							
	y additional contacts we n							
riease list all	y additional contacts we fi	iay consuit about p	nioi even	is.				

lging							
Hotel Accommodations				□ Residence Halls			
Check-in da	te (Check-out date	Number of roo	ms/beds	Type of accommodation		
Payment N	Method	1:		Reserv	ration Method:		
	Direc	et bill			□ Individual	reservation	
					□ Rooming l	ist	
		I.B	1	N 1 C		16.17	
Date/Day	Time	theater, conference, etc.)		people	requirements	Meal (e.g., cont. breakfast, break)	
eakout Roo							
Date/Day	Tim	e Room setup theater, conf	(e.g., classroom, erence, etc.)	Number of people	Audio-visual requirements	Meal (e.g., cont. breakfast, break)	
	Payment N ceting Spaceneral Session Date/Day eakout Roo	Payment Method ceeting Space ceneral Session Date/Day Time ceakout Rooms	Hotel Accommodations Check-in date Check-out date	Hotel Accommodations Check-in date	Hotel Accommodations Check-in date Check-out date Number of rooms/beds Payment Method: Direct bill Reservemental Session Date/Day Time Room setup (e.g., classroom, Number of people theater, conference, etc.) Reservemental Session Date/Day Time Room setup (e.g., classroom, Number of people eakout Rooms Date/Day Time Room setup (e.g., classroom, Number of people	Residence Halls Check-in date Check-out date Number of rooms/beds Type of accommon	

Exhib	it Space							
Ι	Date/Day Time Room setup (e.g., 6' tables				Audio-visual		Electricity/Internet	
			pipe and drape)		exhibitors	requirer	nents	needs
							_	
	and Beversity Re ☐ Breal	sidence	e Hall Dining Facil	lity Meal	ls □ Dinı	ner		
Catara	d Meals							
	Date/Day	Time	Meal (e.g., breakfast,	Number	of Alcoho	olic	Speaker(s)	Audio-visual needs
			lunch, dinner)	guests	bevera		.,	
Dlassali		4		1				
Please II	st any die	tary rest	trictions your group ma	iy nave.				
Event F	Registrat	tion						
	stration 1							
- 7			by					
	0	Earry Late:	by by					
□ Refu	ind polic				_			
□ Keru	ina pone	y						
□ Data	to collec	ct, e.g. 1	tee-shirt sizes, specia	al question	ns			
□ Conf	firmation	letter t	to registered attended	es				
Special	Events							
□ Ski/0	Golf outi	ng						
□ D	00.00	/+1	ildin a					
	es course							
Conferenc	e & Event N	lanageme	nt • 110 South Fort Douglas	Blvd. • Sa	alt Lake City, UT	84113		

☐ Recreational	Sports Center						
☐ Transportation	on services						
☐ Community (events and tours						
☐ Other (please	e describe)						
Event Presente	rs						
Name	Honoraria	Travel	Lodging	Per Diem	Audio-visual needs		
			1				
Event Marketin	_						
☐ Save the date							
□ Brochure							
□ Registration form							
□ Web site							
☐ Call for papers							
☐ Targeted mailing lists							
□ Photography							
Other Front C							
Other Event Considerations							
☐ Promotional items (shirts, bags, name badge holders)							
☐ Supplies (office supplies, presenter materials)							
☐ Gifts for presenters and volunteers							
☐ Handouts for	attendees						
☐ Course materials, textbooks, programs							
☐ Directional signage							
□ Etc:							