

Audio-Visual Checklist for Event Planning

WEST CAMPUS

Date Request Submitted ___ / ___ / ___

Event Name _____

Location _____

Client _____

Contact Information _____ / _____
phone e-mail

SCHEDULING

Event Date _____ Setup Time* _____

Start Time _____ End Time _____

*time equipment must be in place for the event

AUDIO NEEDS

Mark quantity in box.

Podium/Microphone

Wireless Laveliere* Microphones

Panel Microphones

Question/Answer Microphones

Audio recording of event? yes no

*clips on lapel

VIDEO NEEDS

Video Recording

DVD Playback

PRESENTATION NEEDS

Laptop-based Presentation / with audio? yes no

Internet Access / for multiple presenters? yes no

Laser Pointer

PowerPoint Controller
(wireless remote to advance slides)

TECHNICAL SUPPORT

AV support specialist to be present during event

Appropriate AV staff attire? business casual business

Audio-visual vendors may contact client for additional information.