

Meeting Planning Checklist

Group Name:

Event Date:

Registration

Registration Table	Yes	No	
How Many	1	2	2 with 2 behind
Will the planner be the on-site contact?	Yes	No	

If not, who will be?

Room Set

Room Set

Speaker Table	Yes	No
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Any special set up needs

Audio Visual

Podium/Microphone	Yes	No
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Projector and Screen	Yes	No
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Flipchart/Whiteboard	Yes	No
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Any Additional(conference phone,additional mics,etc.)

Riser at front of room	Yes	No
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Breakouts

Number of Breakouts

Room Set

Number of Seats in Each

A/V Requirments for each

Agenda

Arrival Time

Serve Times:

Continental

AM Break

Lunch

PM Break

Breakout Times

End Time

OK to bus during Presentations

Yes

No

What is the meeting about?

