

David Eccles School of Business Activity Work Sheet

Please open, complete and save as a MS Word document.

Return no less than 5 business days before the event.

Activity name		
Date		
Time		
Setup time		
Location & room		
Contact		Phone: _____

Attendee count: _____

Attendee types: _____

Have rooms been reserved? Yes No Need to be Not applicable

Food: Breakfast Lunch Dinner Snacks None

Tables needed? Yes No How many? _____ Where? _____

Table types: High-boy _____ 3'x6' Service _____ 2'x8' Rectangle _____ 2'x4' Rectangle _____ 2'x6' Rectangle _____
Rounds _____ of _____

Chairs needed? Yes No How many? _____ Where? _____

Easels needed? Yes No How many? _____ Where? _____

Direction sign? Yes No How many? _____ Where? _____

Coat rack? Yes No How many? _____ Where? _____

Extra trash? Yes No How many? _____ Where? _____

7th Floor Elevator Access after 6 PM or on weekends? Yes No From what time to what time? _____

Special needs: