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**Department of Public Services and Continuing Education
Planning Sheet for Upcoming Classes, Seminars and Events**

Event Date: _____

Name of Program: _____

Contact Person: _____

Phone #: _____

Address: _____

Cell Phone #: _____

Email: _____

Start Time: _____ am / pm

End Time: _____ am / pm

PO # if required: _____

Approx # attending: _____

Room and Supply Requirements:

- | | |
|--------------------------|----------------------------|
| ____ Chairs | ____ Flip Chart |
| ____ Tables | ____ Podium |
| ____ Horseshoe | ____ Screen |
| ____ Classroom | ____ Name Tags |
| ____ Other | ____ Name Tents |
| ____ Registration Table | ____ Copying |
| ____ White Board | ____ Other (explain below) |
| ____ Internet Connection | _____ |

Equipment Needs:

- | | |
|-------------------------|------------------|
| ____ Computer | ____ VCR |
| ____ LCD Projector | ____ Television |
| ____ Slide Projector | ____ Other _____ |
| ____ Overhead Projector | _____ |

Food Service: (check & circle as applies)

- | | |
|----------------|-------------------------------|
| ____ Breakfast | ____ Continental / Full |
| ____ Lunch | ____ Box / Deli / Dining Hall |
| ____ Dinner | ____ Set up / Dining Hall |
| ____ Break | ____ am / pm |
| ____ Other | _____ |

Other Needs/Requirements: _____

Fee Charged: \$ _____

Room #(s) assigned: _____

Time to be served: _____

Requested by: _____

Date: _____

Approved by: _____

Date: _____

Comments: _____

