Institute for Genomic Biology

Event Checklist

CONTACT INFORMATION Person Requesting Event/Conta	ct Name:
Office Phone:	
Cell Phone:	
Email :	

LOGISTICAL INFORMATION

Please note: After hours for an event is a special circumstance.

Name of Event:		Location:
Date of Event:	Start/End Times:	Faculty Sponsor:
Department/Research	Theme:	

Checklist	Information/Comments	Deadline
Account Numbers		
Budget		
Building Access		
Room Reservations (Location/Time/Date)		
Number of guests		
Room set up (# of tables, etc.)		
Coat Rack		
Caterers		
Food		
Beverages		
Alcohol		
Supplies (for food)		
Supplies (office)		
Technical Equipment/Support		
Video Conferencing		
Marketing materials (posters, flyers, etc.)		
Event Banners		
Poster Boards		
Invitations/RSVP		
Website		
Agenda/Program		
Name tags		
Photographer		
Volunteers/Staffing for Event		
Parking Arrangements		
Hotel and Transportation		
Flowers and Decorations		
Gifts		
Honorarium/Reimbursements		
Post-event Evaluation		
Thank you notes		