

CHECKLISTS

A CATERING / BANQUET CHECKLIST

	COMPLETED	DATE
Get estimates/proposals	<input type="checkbox"/>	_____
Set up tastings	<input type="checkbox"/>	_____
Choose caterer	<input type="checkbox"/>	_____
Choose menus	<input type="checkbox"/>	_____
Choose format (formal dinner, reception, informal lunch, etc.)	<input type="checkbox"/>	_____
Contract signed	<input type="checkbox"/>	_____
Deposit paid	<input type="checkbox"/>	_____
Amount	<input type="checkbox"/>	_____
Finalize menus	<input type="checkbox"/>	_____
Discuss special needs (vegetarian, low-fat diets etc.)	<input type="checkbox"/>	_____
Head count	<input type="checkbox"/>	_____
Confirm menus, seating etc.	<input type="checkbox"/>	_____
Settle payment method	<input type="checkbox"/>	_____

A RESTAURANT CHECKLIST

Get estimates/proposals	<input type="checkbox"/>	_____
Choose menus/beverages	<input type="checkbox"/>	_____
Set up tastings	<input type="checkbox"/>	_____
Choose restaurant	<input type="checkbox"/>	_____
Confirm menus, seating etc	<input type="checkbox"/>	_____
Settle payment method	<input type="checkbox"/>	_____
Tell staff who will be paying	<input type="checkbox"/>	_____
Put down a deposit	<input type="checkbox"/>	_____
Tips and taxes	<input type="checkbox"/>	_____
Arrange transportation for guests	<input type="checkbox"/>	_____
Arrange parking for guests (self/valet)	<input type="checkbox"/>	_____
Wheelchair accessibility	<input type="checkbox"/>	_____
yes <input type="checkbox"/> no <input type="checkbox"/>		
Is smoking allowed?	<input type="checkbox"/>	_____
yes <input type="checkbox"/> no <input type="checkbox"/>		
Will you have your own space, or will you share the restaurant with other patrons?	<input type="checkbox"/>	_____
yes <input type="checkbox"/> no <input type="checkbox"/>		

HOTEL CHECKLIST

Rooms blocked	<input type="checkbox"/>	_____
Rooming list complete	<input type="checkbox"/>	_____
Verify check-in requirements	<input type="checkbox"/>	_____
Confirm rates	<input type="checkbox"/>	_____
Contracts signed	<input type="checkbox"/>	_____
Check amenities	<input type="checkbox"/>	_____
Hotel shuttle available	<input type="checkbox"/>	_____

EQUIPMENT CHECKLIST

Check materials and decorations	<input type="checkbox"/>	_____
Check technology/audio/visual requirements	<input type="checkbox"/>	_____
Check lighting/temperature	<input type="checkbox"/>	_____
Complete your Planner's Tool Kit	<input type="checkbox"/>	_____

MISCELLANEOUS

	COMPLETED	DATE
Service personnel (e.g. concierge)	<input type="checkbox"/>	_____
Parking and parking attendants	<input type="checkbox"/>	_____
Security staff	<input type="checkbox"/>	_____
Restroom staff	<input type="checkbox"/>	_____
Taxes and gratuities rate check	<input type="checkbox"/>	_____

ENTERTAINMENT AND GUEST SPEAKERS

AN ENTERTAINMENT CHECKLIST

Are speakers booked? _____ Done <input type="checkbox"/>
Contracts and fees negotiated and signed? _____ Done <input type="checkbox"/>
Check contingency clauses for bad weather or power outage. _____ Done <input type="checkbox"/>
Will your venue accommodate your entertainment choice? _____ Done <input type="checkbox"/>
Transportation needs met? _____ Done <input type="checkbox"/>
Equipment needs discussed and finalized? _____ Done <input type="checkbox"/>
View demo tapes or live performance? _____ Done <input type="checkbox"/>
Finalize accommodations _____ Done <input type="checkbox"/>
Check sound levels _____ Done <input type="checkbox"/>
Get something to fill in when the band takes a break (taped music, a DJ) _____ Done <input type="checkbox"/>
Check sight lines to and from stage _____ Done <input type="checkbox"/>

A PRESENTER'S A.V. CHECKLIST

Presenter's name: _____

Address: _____

City: State: ZIP: _____

Phone: _____ Fax: _____

Presentation title: _____

Presentation date: _____ Presentation time: _____

Do you require a lectern?yes <input type="checkbox"/> no <input type="checkbox"/>
Do you require a microphone?yes <input type="checkbox"/> no <input type="checkbox"/>
If yes, what type?lavaliere <input type="checkbox"/> podium <input type="checkbox"/>
Do you need an overhead projector?yes <input type="checkbox"/> no <input type="checkbox"/>
Do you require an LCD panel?yes <input type="checkbox"/> no <input type="checkbox"/>
Do you require a slide projector?yes <input type="checkbox"/> no <input type="checkbox"/>
Do you need a slide tray?yes <input type="checkbox"/> no <input type="checkbox"/>
Video playback equipment?yes <input type="checkbox"/> no <input type="checkbox"/>
If yes, what format?yes <input type="checkbox"/> no <input type="checkbox"/>
VHS <input type="checkbox"/> 3/4 inch <input type="checkbox"/> Betacam <input type="checkbox"/>

Other: _____
