

Section 5: MULTIMEDIA EQUIPMENT

Note: Multimedia requires a minimum of 30-days advance notice before an event.

(Please indicate type of equipment or assistance needed)	
<input type="checkbox"/>	Video: Projection Equipment, television, VCR, overhead projector, LCD, large screen, media shout, power point
<input type="checkbox"/>	Audio: house or portable microphones, portable speaker, tape recorder, compact disc player,
<input type="checkbox"/>	Lighting Accessories (e.g., stage, theatrical, special lighting equipment, etc.)
<input type="checkbox"/>	Computer (e.g., desktop or laptop)
<input type="checkbox"/>	Event Accessories (e.g., podium, riser, flip chart, electric laser pointer, walkie-talkie, etc.)
<input type="checkbox"/>	Technical Personnel (e.g., projectionists or stage hands)
<input type="checkbox"/>	Announcement posted on wide screen (Desktop Publishing requirements--see guidelines)

Section 6: OFF-SITE FACILITY

1st Choice		
Facility Name:		
Address:		
Point of Contact:		
Phone No.:	Fax No.:	E-mail:
2nd Choice		
Facility Name:		
Address:		
Point of Contact:		
Phone No.:	Fax No.:	E-mail:
Contract Required Yes <input type="checkbox"/> No <input type="checkbox"/> Deposit Required Yes <input type="checkbox"/> No <input type="checkbox"/> Business office or the Events Coordinator represents the church in ALL contractual matters.		

Section 7: OFF-SITE FACILITY REQUIREMENTS

Estimated Attendance No:										
Meeting Room Set-Up										
<input type="checkbox"/>	Theatre		<input type="checkbox"/>	Round – Full		<input type="checkbox"/>	Round - Crescent		<input type="checkbox"/>	Other:
Breakouts	# of Breakouts	Avg. # of Participants per Breakout				Sales Table				
Day 1:										
Day 2:										
Overnight Accommodations Yes <input type="checkbox"/> No <input type="checkbox"/>										
<input type="checkbox"/>	Number of guestrooms prior to Day 1									
<input type="checkbox"/>	Number of guestrooms on Day 1									
<input type="checkbox"/>	Number of guestrooms on Day 2									
Refreshments Required										
	Number of Beverage Breaks		Continental Breakfast		Lunch		Dinner		Reception	
			Yes	No	Yes	No	Yes	No	Yes	No
Day 1:										
Day 2:										

