

Contacts and AV Needs Worksheet (Level 3)

Meeting Name/Topic: _____

Potential or Actual Dates: _____ to _____ **Estimated # of Attendees:** _____

Training Provider/Contractor Information

Contact Name: _____ Email: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Instructor Name:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Hotel Information

Hotel Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Main Fax: _____

800 Number/Reservations: _____

Hotel Contact List

Key Contacts	Name	Telephone	Fax
General Manager			
Director of Sales			
Reservations Manager			
Director of Catering			
Credit/Accounting Manager			
Audio Visual Technician			

Area Contacts

Area Contacts	Name of Service	Contact Name	Telephone	Fax
Copy Center				
Computer Rental				
Audio Visual Company				
Shipping Company				
Visitor's Bureau				
Charter Bus Services				

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Audio Visual Needs

- | | |
|--|---|
| <input type="checkbox"/> Telephone _____
<input type="checkbox"/> Data lines _____
<input type="checkbox"/> Microphones _____
<input type="checkbox"/> Lectern/Podium _____
<input type="checkbox"/> Pointer _____
<input type="checkbox"/> Overhead Projector _____
<input type="checkbox"/> Easel/Flip Chart _____
<input type="checkbox"/> News Print _____
<input type="checkbox"/> Dry Erase Board _____

<input type="checkbox"/> Other Equipment Needed _____ | <input type="checkbox"/> Slide Projector _____
<input type="checkbox"/> Tape Recorder _____
<input type="checkbox"/> Computer Projection System (LCD Display):
_____ Resolution _____
<input type="checkbox"/> VHS Video Projection _____
<input type="checkbox"/> Computer Needs _____
<input type="checkbox"/> Software Needs _____ |
|--|---|

Menu Selection

Breaks

Date	Start Time	End Time	Menu Details	Set-up	Comments

Field Trips

State Contact Name: _____

Phone number & email address: _____

Date	Start Time	End Time	Type of facility	Location	Contact

Special needs:

Date	Start Time	End Time	Details	Contact	Comments