



## CONFERENCE CHECKLIST

Event date

### Event type

- Training program  Workshop  Induction meeting  Review  Board meeting  
 Conference  Convention  Any other (please specify)

### Is there a celebration or social activity planned as a part of the event

- Award or recognition function  Dinner only  Dinner & dance  DJ  Yes  No  
 Any other (please specify)

### Event duration, start & end time

Main event:  am -  pm Celebration / Social:  pm -  pm

### In case of training / workshop

Are any activities or games planned?  Yes  No

If yes, is there any movement space required

### Final number of attendees

### Seating

Main event  Cluster  Theatre  Casual  U shape  Board table

Celebration / Social  Cluster  Theatre  Casual  U shape  Board table

### Stage

Yes  No

### Head table

Yes  No

### Number of chairs

### Podium

Yes  No

### Total number of mikes required (1 Mike on package)

### LCD projector with screen

Yes  No

### Display table to keep materials & preferred placement

Yes  No

**Whiteboard with markers** (4 markers only. Extras additional charges applicable)

Yes  No

**One flip chart board with 5 charts** (Extras additional charges applicable)

Yes  No

**Any other instructions with regards arrangement for the conference**

**Registration desk**

Yes  No

Placement

**Board to read**

Message

**Service timings**

Welcome drink

Breakfast

Morning tea

Lunch

Afternoon tea

Hi-tea

Dinner

**Breakfast / Lunch Menu**

*(Attached, please send us your final choice 07 Days prior to function )*

**Event related contact person** ( Name / mobile number)

 

**Onsite contact person** ( if different from event related contact person)

**Final bill in the name of**

**GST details**

**Name of the company**

**Address**

**GST number**

**Payment by**  Cash  Card

*(If company under BTC, please ignore)*

**Any other requirements apart from checklist**