

Program of Events: Logistics Form

Event: _____

Date _____ Start Time _____ End Time: _____

Room (s): _____ Contact: _____

Event Detail		Room Logistics		
Time	Activity	A/V Requirements	Room Set Up (Facilities)	Catering Services

IMPORTANT NUMBERS

Facilities 4357
 Catering Svs 4280
 A/V 4024 or 4479
 Cab companies
 Diamond 387.6200 or Yellow 544.1212