

Event Setup Diagram

Physical Plant

Event Name: _____

Schedule ID#: _____

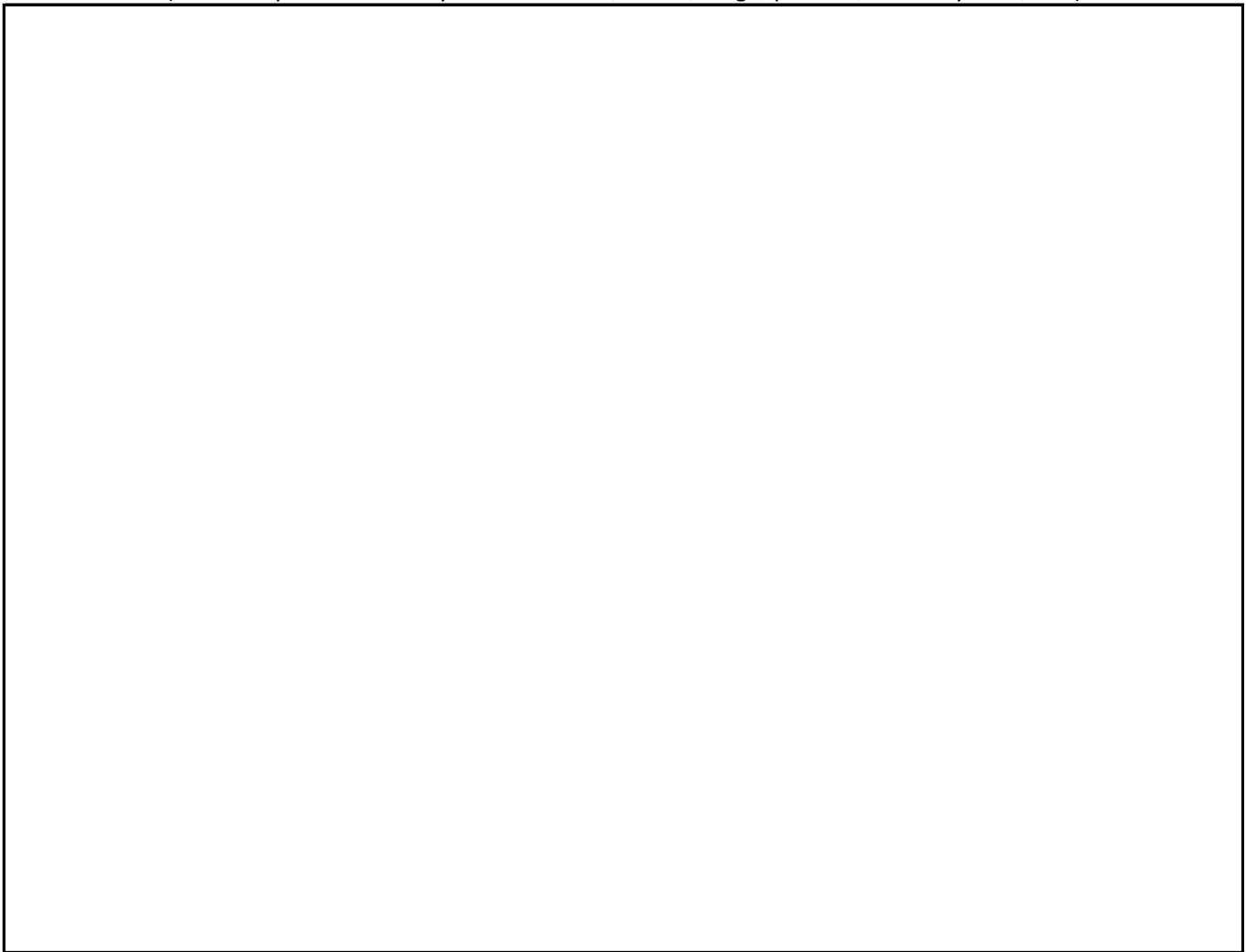
Contact Name: _____

Date of Event: _____

Phone#: _____

SKETCH YOUR SET-UP REQUIREMENTS FOR THE ROOM AREA

(For example: where do you want tables, chairs, stage, podium, sound system, etc.)



Event must be approved. Has this event been approved by Student Life: _____ Yes _____ No

Fax to: X 2770