EVENT INFORMATION

Event Title: ____________________________

Event Date(s): ________________________

Event Time: _______ am / pm _______ am / pm

**NOTE: This is the actual time of your event and does not include set-up time**

Customer setup time must be scheduled ahead of time in EMS

CONTACT INFORMATION

Org./Dept. Name: _________________________________________________________________

Contact/N&B Name: ____________________________ Contact/N&B Phone #: ______________

Onsite Contact: ____________________________ Onsite Contact Phone #: ______________

EVENT DETAILS

Additional Equipment: Please indicate on the diagram where you would like your equipment placed

☐ Media Cart (includes: PC with Wireless Keyboard & Mouse, Document Cam, DVD, VCR, & LCD Projector)

☐ Podium (max 1) ☐ w/ Mic (max 1)

☐ Wireless Mics (max 1): ☐ Lapel ☐ Hand Held

☐ Unlock: ☐ Balcony and/or ☐ Dressing Rooms

☐ Piano – Baby Grand (max 1)

Corded Mics (max 6)

Chairs on Stage (max 20)

10’ Tables on Stage (max 10)

Notes: ________________________________________________________________