



# Event Planning Worksheet

Sacramento State will use the following information to conduct project planning activities and develop the project budget and timeline. Please complete this form to the best of your ability at this early stage of the planning process. You will have the opportunity to fine tune many of the details/arrangements as we progress through the planning stages.

CSUS Interagency Agreement #: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Goals and Objectives: \_\_\_\_\_

## I. Event Type *(If this is NOT an event-planning related project, please skip directly to Section XVII on page 6.)*

Full-Scale Conference     Training     Other (i.e., Summit, Forum, Stakeholder Meeting). Please specify: \_\_\_\_\_

Event dates (If possible, provide several dates listing the "most preferred" dates first.): \_\_\_\_\_

Anticipated attendance: Attendees \_\_\_\_\_ Speakers \_\_\_\_\_ Exhibitors \_\_\_\_\_ Sponsors \_\_\_\_\_

Event location (If you have a specific facility/location in mind, please list the facility name and city.): \_\_\_\_\_

## II. Meeting Space and AV Equipment Needs

### General Session Room Set-up

Rounds of 8     Classroom (rows of tables and chairs)     Rounds of 10     Hollow Square     Theater (rows of chairs only)     Other \_\_\_\_\_

### General Session AV Equipment

Identify any equipment that will need to be rented:

Table Top Mic – Qty: \_\_\_\_\_     Standing Mic in Audience – Qty: \_\_\_\_\_     LCD Projector  
 Sound system for LCD Projector     Flipchart Package – Qty: \_\_\_\_\_     TV/Monitor  
 Internet/Wi-Fi - # of connections: \_\_\_\_\_     Video recording equipment     Audience Response System (Handheld Devices) Qty: \_\_\_\_\_  
 LCD Support Package Only (NEOP providing projector, only screen & cart Needed)

What equipment will NEOP provide? \_\_\_\_\_

Additional comments regarding general session room set-up and AV equipment:  
\_\_\_\_\_  
\_\_\_\_\_

## III. Breakout Rooms and AV Equipment Needs

Number of Breakout Rooms Needed: \_\_\_\_\_ Which days and times are these rooms needed? \_\_\_\_\_

### Breakout Room Set-up

Rounds of 8     Classroom (rows of tables and chairs)     Rounds of 10     Hollow Square     Theater (rows of chairs only)     Other \_\_\_\_\_

### III. Breakout Rooms (cont.)

#### Breakout Room AV Equipment

Identify any equipment that will need to be rented:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Table Top Mic – Qty: _____   | <input type="checkbox"/> Standing Mic in Audience – Qty: _____ | <input type="checkbox"/> LCD Projector  |
| <input type="checkbox"/> Sound system for LCD Projector   | <input type="checkbox"/> Flipchart Package – Qty: _____        | <input type="checkbox"/> TV/Monitor   |
| <input type="checkbox"/> Internet/Wi-Fi - # of connections: _____                                       | <input type="checkbox"/> Video recording equipment             | <input type="checkbox"/> Audience Response System (Handheld Devices) Qty: _____ |
| <input type="checkbox"/> LCD Support Package Only (NEOP providing projector, only Screen & Cart Needed) |  |   |

What equipment will NEOP provide? \_\_\_\_\_

Additional comments regarding breakout rooms set-up and AV equipment:

---

---

### IV. Sponsors

How many Sponsors will there be? \_\_\_\_\_ How much money will the Sponsors be giving? \$ \_\_\_\_\_

Will Sacramento State collect the money or will Sponsors pay for something directly? \_\_\_\_\_

Will Sponsorship dollars be used to cover meals?  Yes  No Will Sponsors need exhibit space?  Yes  No

Additional comments regarding Sponsors:

---

---

### V. Exhibit Space

Number of six-foot display tables (or other requested exhibit space): \_\_\_\_\_

If the exhibit space is not needed for the duration of the event, provide days and times needed: \_\_\_\_\_

Will Sacramento State recruit/confirm sponsors and/or exhibitors?  Yes  No

Additional comments regarding exhibit space:

---

---

### VI. Catering

Identify the meals that will be provided each day.

#### Day One:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Continental Breakfast | <input type="checkbox"/> Full Breakfast | <input type="checkbox"/> Mid-morning Refreshments  |
| <input type="checkbox"/> Box Lunch             | <input type="checkbox"/> Plated Lunch   | <input type="checkbox"/> Will dessert be held for PM break? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Afternoon Break       | <input type="checkbox"/> Reception      | <input type="checkbox"/> Dinner  |

#### Day Two:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Continental Breakfast | <input type="checkbox"/> Full Breakfast | <input type="checkbox"/> Mid-morning Refreshments  |
| <input type="checkbox"/> Box Lunch             | <input type="checkbox"/> Plated Lunch   | <input type="checkbox"/> Will dessert be held for PM break? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Afternoon Break       | <input type="checkbox"/> Reception      | <input type="checkbox"/> Dinner  |

## VI. Catering (cont.)

### Day Three:

- Continental Breakfast
- Box Lunch
- Afternoon Break

- Full Breakfast
- Plated Lunch
- Reception

- Mid-morning Refreshments
- Will dessert be held for PM break?  Yes  No
- Dinner

### Day Four:

- Continental Breakfast
- Box Lunch
- Afternoon Break

- Full Breakfast
- Plated Lunch
- Reception

- Mid-morning Refreshments
- Will dessert be held for PM break?  Yes  No
- Dinner

If sponsorship dollars do not cover meals, will meal charges need to be hidden in room rental charge?  Yes  No

Additional comments regarding catering:

---

---

## VII. Overnight Rooms

How many sleeping rooms will be required? Evening prior: \_\_\_\_\_ Night of Day 1: \_\_\_\_\_ Night of Day 2: \_\_\_\_\_ Night of Day 3: \_\_\_\_\_ Night of Day 4: \_\_\_\_\_

Additional comments regarding overnight rooms:

---

---

## VIII. Registration

Is registration necessary for this event?  Yes  No If so, what is the registration fee? \$ \_\_\_\_\_

How many speakers will have their registration fees waived? \_\_\_\_\_

Are there other participants who will have their registration fees waived?  Yes  No If so, how many? \_\_\_\_\_

Will these participants' travel expenses be covered?  Yes  No

If yes, indicate the expenses to be covered:  Lodging (# of nights: \_\_\_\_\_)  Airfare (# of in-state: \_\_\_\_\_ / # of out-of-state: \_\_\_\_\_)

Will all other expenses be reimbursed according to state travel guidelines?  Yes  No

Will NEOP provide staff to conduct on-site registration on the first day? (1 staff person for every 100 participants is standard.)  Yes  No

Additional comments regarding registration services:

---

---

## IX. Speakers

Will Sacramento State perform speaker confirmation tasks (i.e., provide tool for collection of confirmed speaker details, send confirmation letters, collect AV equipment needs, bios, etc.)?  Yes  No

How many speakers will receive an honorarium/stipend? \_\_\_\_\_ Amount of honorarium/stipend: \$ \_\_\_\_\_

Will speaker travel expenses be covered?  Yes  No If yes, for how many speakers? \_\_\_\_\_

Please indicate the expenses to be covered:  Lodging (# of nights: \_\_\_\_ )  Airfare (# of in-state: \_\_\_\_ / # of out-of-state: \_\_\_\_ )

Will all other expenses be reimbursed according to state travel guidelines?  Yes  No

Additional comments regarding speaker recruitment/confirmation:

---

---

## X. Facilitators

Will Sacramento State need to provide a facilitator for this project?  Yes  No

Facilitation services:  Developing meeting goals and objectives  Onsite meeting facilitation  Other: \_\_\_\_\_

Please provide Scope of Work, deliverables and timeline for facilitation services.

---

---

Additional comments regarding facilitation services:

---

---

## XI. Notetaker(s)

Will Sacramento State need to provide a notetaker?  Yes  No

If yes, how many, and when? # \_\_\_\_\_  During planning phase  At event

Please provide Scope of Work, deliverables and timeline for notetaking services.

---

---

Additional comments regarding notetaking services:

---

---

## XII. Constant Contact — E-Mail Advertising & Promotion of Event

If this event is to be promoted via e-mail (Constant Contact) to potential participants, will mailing lists be provided electronically by NEOP?  Yes  No

How many e-mail communications do you anticipate sending? \_\_\_\_\_ What is the total number of e-mail addresses anticipated on the mailing list? \_\_\_\_\_

Additional comments regarding e-mail promotion (Constant Contact) services:

---

---

## XIII. Speaker Materials

Will speaker materials be produced and distributed?  Yes  No

If so, in what format?  Spiral Bound Booklet How many pages to be copied? \_\_\_\_  Binder with Tabs How many pages to be copied? \_\_\_\_  
 Inserted into Folder How many pages to be copied? \_\_\_\_  Flash Drive  
 CD/DVD - When will CDs/DVDs be distributed?  At event  After event

Will speaker materials be copied for distribution to workshop participants at event?  Yes  No

Additional comments regarding speaker materials:

---

---

## XIV. Graphic Design Services

What items will need to be designed by the Sacramento State graphic artist?

- |   |  |
|---|--|
| <input type="checkbox"/> Event logo   | <input type="checkbox"/> Program Guide                             |
| <input type="checkbox"/> Save-the-Date Postcard – Quantity: _____<br><input type="checkbox"/> Electronically distributed <input type="checkbox"/> Printed and mailed. | <input type="checkbox"/> Welcome Sign                              |
| <input type="checkbox"/> Registration Brochure – Quantity: _____<br><input type="checkbox"/> Electronically distributed <input type="checkbox"/> Printed and mailed.  | <input type="checkbox"/> Other Directional Signs - How many? _____ |
| <input type="checkbox"/> Other. Please describe item, including quantity, page numbers, dimensions:   | <input type="checkbox"/> Nametags                                  |
|   | <input type="checkbox"/> Nametents/Workshop Signs                  |

Additional comments regarding graphic design services:

---

---

## XV. Give Away Items

Will give away items be purchased for this event?  Yes  No If so, how much per person can be spent? \$ \_\_\_\_\_

Please indicate the type of item(s) you would like to give away, if known at this time:

---

Additional comments regarding give away items:

---

---

## XVI. Event Evaluation Services

Will Sacramento State provide any of the following services:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Develop evaluation tool/instrument | <input type="checkbox"/> On-site evaluation observers | <input type="checkbox"/> Data entry        |
| <input type="checkbox"/> Data analysis                      | <input type="checkbox"/> Compile evaluation report    | <input type="checkbox"/> None of the above |

Additional comments regarding event evaluation services:

---

---

## XVII. Non Event-Planning Related Event

If this is not an event-planning related event, please describe in as much detail as possible (*i.e., activities, objectives, timeframes, etc.*):

---

---

---

---

---

---

---

---

---

---