

EVENT CHECKLIST

Thank you for completing this form! Your Name:

Your Phone Number:

Your Email:

EVENT INFO		
General Info: Name of Event: Name of Company: Location/Venue: Date: Time: Number of Attendees:		
Brad's Presentation: Engagement Type: ☐ Keynote ☐ Breakout Meeting Room Location: Date: Time: Length:	□ Training	□ Other:
EQUIPMENT		
Room Setup: ☐ Theater ☐ Classroom Stage: ☐ Yes ☐ No	□ 1/2 Rounds	□ Other:

AV Crew: ☐ On-Site

☐ Third Party



EQUIPMENT continued

☐ Confirm Brad's Hotel Reservation

Hotel Address: Phone Number: Contact Name:

Confirmation Number:

Dates:

Will this be recorded? □ Yes □ No If yes, is there an Audio/Video Release form?	□ Yes	□ No
Required Equipment: Lapel Mic (if over 40 people) Computer and Projector for PowerPoint Screen Bar Stool (or similar chair) Note: Podium is not required.		
Printed Material: Who is responsible for printing? Client Deadline for digital files:		
☐ Brad Shipping address for materials:		
ACCOMMODATIONS		

NOTE: Please send a copy of all memos, program announcements, brochures, and other promotional materials relating to this event so that my presentation will be consistent with your promotion. In addition, any annual reports, a copy of your newsletter, recent papers/flyers, or any key product brochures would be appreciated if available. Thank you very much!