INTERNAL EVENT MANAGEMENT CHECKLIST

IU Kokomo

___ Sponsoring Department

___ Contact Information (Lead Contact)

Name: __________________________________________
E-mail: _________________________________________
Phone #’s: ______________________________________
Office: _________________________________________
Cell: __________________________________________

___ Name of Event: ________________________________________________

___ Is there a theme? ____ yes   ____ no

___ If yes, name of theme: _________________________________________

___ Event Description: _____________________________________________

_________________________________________________________________

___ Date(s): ______________________________________________________

___ Location(s): __________________________________________________

___ Time:
Start: _______________________________________________________
End: _______________________________________________________

___ Student Fundraising Event ____ yes ___ no

___ If yes, please review this link and contact the Development Office prior to any advertising for your event.
http://www.iuk.edu/leadership/advancement/development/fundraising.shtml

___ Notify the Chancellor’s Office

___ Chancellor speaking ____ yes ____ no

___ If yes please do the following

___ Put on Chancellor’s calendar
___ Prepare talking points
___ Who is to prepare

___ Provide to Chancellor’s Ex. Assistant at least 1 week prior to event

___ Notify VC for Academic Affairs (If an Academic Unit Event)

___ Budget for Event

___ Hospitality Form filled out and signed by Dept. Head and Philemon/Roy

___ yes ___ no

http://www.iuk.edu/about/advancement/event-planning/assets/pdf/hospitality-request.pdf
__ Food Service Request Form filled out and send to Tara/AVI
__ yes  __ no

http://www.iuk.edu/about/advancement/event-planning/assets/pdf/food-service-request.pdf

__ Food for Event if not using AVI (AVI is the preferred vendor)

Name of Caterer: ____________________________________________________
Phone Number(s): work: __________________   cell: __________________
Email: _________________________________  fax#: __________________

__ Alcohol Permit Needed  __ yes  __ no

__ MUST Obtain Approval from the Chancellor’s Office prior to proceeding
to application for permit.

__ AVI Notified
  Date: ____________________________

__ Permit Applied For
  Date: ____________________________

__ Room Set Up & Equipment Needs

__ Schedule a meeting with the Events Coordinator to discuss all needs for the
event.

Tables
__ Rounds or 8’ tables
  Quantity ____________________________
__ Table Linen  __ yes  __ no
  __ color and type of linen __________________
__ Table Skirts
  __ color __________________________
__ Head Table
  __ If so, it must always be skirted
__ Other tables
__ Registration Table needed  __ yes  __ no
__ Table Cover needed  __ yes  __ no
  Who will provide ______________________
__ Trashcans  __ yes  __ no
__ Coat Racks  __ yes  __ no
__ Podium Needed  __ yes  __ no
  If Power Point, will laptop be needed on the podium  __ yes  __ no
__ Microphone(s) Needed  __ yes  __ no
  __ what type (wireless handheld, corded, lapel) _______________________
__ Sound System for Music  __ yes  __ no
(preferred method utilizing computer system in the room with a CD)
__ Audio/Visual Needs  __ yes  __ no
Internet Access Needed  ___ yes ___ no
Guest Accounts Requested  ___ yes ___ no
If yes, how many ____________

Invitees To The Event
Estimated number of guests ________________
Who has been invited (e.g. legislators, local officials, school representative, etc.)

If elected officials have been invited, contact Vice Chancellor for Public Affairs and Advancement.

Are there people the Chancellor needs to be aware of?  ___yes ___ no

Media & Marketing Needs
All requests for Media & Marketing must be submitted thru the following link:
http://www.iuk.edu/admin-services/mm/forms/requestproject.shtml

Create a Timeline for your event

Invitations
___ Number to be ordered
___ Invitation list ordered
                   From where (e.g. IUAA, IUF, IU Kokomo in-house list)
___ M & M notified
___ Date of request for design: ________________________________
___ Date draft needed: ________________________________
___ Date to send to printer: ________________________________
___ Date to be mailed: ________________________________
___ RSVP date: ________________________________
___ Follow up phone calls: ___ yes ___ no
___ Confirmation letter needed?  ___ yes ___ no

Printed Programs
___ Needed  ___ yes ___ no
___ M & M notified  ___ yes ___ no
___ Date of initial request ___ yes ___ no
___ Deadline for info to OCM  ___ yes ___ no
___ Date draft needed  ___ yes ___ no
___ Date to send to printer  ___ yes ___ no
___ Date of delivery  ___ yes ___ no

Name Tags
___ Needed  ___ yes ___ no
___ Pre-printed  ___ yes ___ no
___ Who is to provide  ___ yes ___ no
___ M & M assistance needed to design?  ___ yes ___ no
___ Date of request  ___ yes ___ no
___ Date draft needed  ___ yes ___ no
___ Alphabetized  ___ yes ___ no

Campus photographer
___ Needed  ___ yes ___ no
___ Time needed  ___ yes ___ no
Specific photos needed? ___ yes ___ no
which photos? ____________________________________________________________

Videographer
___ Needed ___ yes ___ no
(purpose of the video ______________________________________________________)
___ Time needed ___ yes ___ no
___ Specific part of event to be taped ___ yes ___ no
Which parts ______________________________________________________________

Digital Signs
Please use the link provided for requested Digital Signage:
http://www.iuk.edu/admin-services/mm/forms/digitalform.shtml
___ Digital Signs Needed ___ yes ___ no
When does your event need to go on the sign ________________________________
For how long _____________________________________________________________

Campus Police Needs
Additional Campus Police
___ Notified Campus Police of your event ___ yes ___ no
___ Is your event after hours ___ yes ___ no
___ What are the hours that additional coverage is needed ______________________
___ If yes does your event require additional Campus Police Services ___ yes ___ no
___ If so, there is a $25 p/hr per officer charge for all events.

Parking
___ Notified Campus Police of your event ___ yes ___ no
___ Parking Permits Needed ___ yes ___ no
___ Reserved spaces needed ___ yes ___ no
___ If yes, how many and what location _______________________________________
___ Number of Guests expected and date and time of event ______________________

Transportation & Bus Needs
___ IU Kokomo Bus
___ Notify Physical Plant of your event ___ yes ___ no
___ Request the bus to be placed near the entrance that your guests will use
http://www.iuk.edu/admin-services/physical/forms/reqform.shtml
___ Who is to provide, If IU: _______________________________________________
___ Rental of cars/vans ___ yes ___ no
___ Drivers Secured ___ yes ___ no
Name: ________________________________________________________________
Contact Information:
Cell: _________________________________________________________________
E-mail: ________________________________________________________________
___ Are they authorized to drive an IU Vehicle ___ yes ___ no
___ Pick Up
Additional Items for Your Event

Rental items

- Tables
  - Yes
  - No
  - Quantity
  - What type

- Chairs
  - Yes
  - No
  - Quantity
  - What type

- Tent
  - Yes
  - No
  - Location of set up
  - What type of tent
  - Sides needed
  - Heating/cooling needed
  - Physical plant notified
  - Location of power lines, etc.

Vendor

- Name
- Contact info
  - Work phone
  - Cell phone
  - E-mail
  - Fax

Delivery

- Date
- Time
- Location
- Who is responsible for set-up of rental items

Pick up

- Date
- Time
- Location
- Who is responsible for tear-down or rental items:

Flowers/Decorations

What is needed:

- Centerpieces
  - Yes
  - No
- Podium/stage flowers
  - Yes
  - No
- Banners
  - Yes
  - No
- Other
  - Yes
  - No
Who is to provide? Utilizing Campus Supplies for décor or ordering from an Outside Vendor?

Vendor
Name: _____________________________________________
Contact info
Work phone: ________________________________________
Cell phone: _________________________________________
E-mail: ____________________________________________
Fax: ______________________________________________

Delivery
Date: ______________________________________________
Time: ______________________________________________

Exact location: ______________________________________
Who is responsible for placement of decorations:

Entertainment ___ yes ___ no
Time of arrival: ______________________________________
Set up needs: ________________________________________
Notified Physical Plant of specific power and setup needs ___ yes ___ no

Gift for guests
Needed ___ yes ___ no
Vendor: ____________________________________________
Contact: __________________________________________
Phone: ____________________________________________
E-mail: ____________________________________________

Delivery
Date: ______________________________________________
Location: __________________________________________

Who is responsible for placement: ______________________
What do we do with extras: ____________________________

Directional signing
Parking signs needed ___ yes ___ no
Restroom signs needed ___ yes ___ no
Other: ______________________________________________

Volunteers
Who is to provide: ________________________________

Student Ambassadors are to be requested thru the Office of Student Activities at least 4 weeks in advance. To do so go to the link provided:
http://www.iuk.edu/campus-life/assets/pdf/AmbassadorReqForm.pdf

Number needed: ________________________________
What will they be doing: __________________________
Dress code: ______________________________________
Who is to recruit: ________________________________
Date all volunteers secured: _______________________
Training:
Date/time/location: ______________________________
Who will be doing the training: _____________________
IU Kokomo Staff

Needed at event  ___ yes ___ no

What roles: _____________________________________________________

Who is needed: ________________________________________________

Who will be the contact person: __________________________________

Event Coordinator Responsibilities . . .

Day of Event

___ Room temperature
    Cool to 60 – 65 degrees
___ Check set-up
___ Ensure everything is ready for event/meeting organizers when they arrive
___ Have someone available to show organizers how to use any equipment
___ Contact person for any issues that may arrive
    Name: ______________________________________________________
    Cell phone number: __________________________________________
    E-mail: _____________________________________________________
___ Microphone Check
___ AV Check

Post-Event

___ Clean-up
    Notify sponsoring organization’s contact person of any deadlines for pick-up and/or removal of items  ___ yes ___ no
    Who is responsible for tear-down of any equipment: ________________
    Arrangements for left-over food: _________________________________