

TREAT ROOM LAYOUT:

Title: _____
 Date: _____
 Start Time: _____
 End Time: _____
 Est. # Attending: _____

ROOM LAYOUT CHECKLIST:

SET UP:

- _____ Head/Presentation (6' or 8')
- _____ Food Table(s) (banquet)
- _____ Food Table(s) (round)
- _____ Theatre style
- _____ Bar
- _____ Hightop Tables (\$5 each rental fee)

AV NEEDS:

- Microphone (lapel, handheld wireless or wired mic)
- Podium (tabletop or standing)

BAH Use Only:

*** Please sketch the desired room layout in the area below**

