THE UNIVERSITY OF LOUISIANA MONROE

Campus Event Planning (Set-up) Checklist

Each step as outlined in this request form, must be completed to facilitate a timely and complete Campus Event Planning set-up. Failure to complete each step, may lead to unnecessary delays and/or incomplete event set-ups.

___ Prepare form 5 business days in advance and submit to Physical Plant, preferably by email, to the contacts as shown at the bottom of this checklist.

___ Each event needs a separate Setup form.

___ Provide exact location on Setup form (including precise grounds location or room numbers, if applicable).

___ Provide the event name, date and time, including the lead time by which full set-up should be completed.

___ Provide the sponsoring group name.

___ Provide your direct supervisor’s name on the set-up form, and the name of the Faculty or Executive Team member to which your supervisor reports (if not your direct supervisor).

___ Provide the office number and mobile of contact person.

___ Provide any specific custodial needs, including pre-event and post-event needs.

___ If trash cans, electricity, tables, chairs are required, specify the exact location and quantity.

___ If after-hours standby support is needed, provide an account number for overtime pay.

___ All Set-ups need prior approval, by the direct supervisor and Faculty or Executive Team to whom requestor reports, before submitting to Physical Plant.

Contacts

Ms. Helen Johnson, Administrative Coordinator 3
Email: hejohnson@ulm.edu
Phone: 318-342-3499

Ms. Christie Hemphill, Office Manager
Email: hemphill@ulm.edu
Phone: 318-342-5176

Revised November 1, 2017
C: Hemphill/forms
ULM PHYSICAL PLANT
REQUEST FOR SPECIAL SET-UP
SUBMIT 5 BUSINESS DAYS IN ADVANCE

REQUESTED BY: ____________________________________________ REQUEST DATE: ________________________________

FOR EVENT: ________________________________________________

EVENT LOCATION (Specify Building/Room/Area)

EVENT COORDINATOR: ________________________________________ PHONE#: ___________________________ ALT PHONE#: ___________________________

ULM SPONSORING AGENCY OR DEPT: __________________________

EVENT BEGINS (SETUP BEFORE) __________________________________ EVENT ENDS (TAKE DOWN AFTER) __________________________________

DATE: ___________________________ TIME: ___________________________ DATE: ___________________________ TIME: ___________________________

EQUIPMENT NEEDED

<table>
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<tr>
<th>TABLES</th>
<th>CHAIRS</th>
<th>PODIUM</th>
<th>STAGE</th>
<th>PA SYSTEM</th>
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<td>Qty</td>
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</tbody>
</table>

H ____ x W ____ x D ____ No. of Speakers ____________

DESCRIPTION ANY SPECIAL ELECTRICAL REQUIREMENTS:

STANDBY PERSONNEL NEEDED (Number and Trade):

OTHER SPECIAL NEEDS OR COMMENTS:

IN THE SPACE BELOW OR ON A SEPARATE SHEET, PLEASE DIAGRAM SET-UP ARRANGEMENT. SHOW LOCATION OF DOORS, WINDOWS AND OTHER FEATURES OF ROOM OR SPACE. BE SURE TO INDICATE LOCATIONS OF ALL ELEMENTS REQUESTED ABOVE, INCLUDING SOUND SYSTEM AND ELECTRICAL OUTLETS.

Requesting Agent ________________________________
Print Name ________________________________
Signature ________________________________

Approving Agent ________________________________
Print Name ________________________________
Signature ________________________________