

# 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

### AV NEEDS:

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

BAH Use Only:

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

