UAB Events Office Event Checklist

Event Name: _____ Coordinator: _____

Location: _____ Date: _____ Time: _____ Attendees: _____

Client Contact/Phone/Email: _____

Event Type: _____

Host: _____ Account #: _____

EAF Needed: Y N Date Approved EAF Received: _____ Date Remarks Requested: _____

Date invitation wording sent to Dev. Comm. for approval/design: _____

Date final invite approved by Dev. Comm.: _____ Date initial packet sent: _____

Date Final Packet Sent: _____ Nametags: Y N Table Numbers: Y N Seating Chart: Y N

Vendor	Contact	Phone Number	Email	Time of Arrival
A/V:				
Ambassadors:				
Caterer:				
Florist:				
Parking:				
Photographer:				
Recycling:				
Rentals:				
Security:				
Valet:				
Venue:				