

PRESENTATION CHECKLIST

(Please Complete Form and return to the Building Community Institute)

Type of Engagement: Keynote _____ Workshop _____ Executive _____

Contact Name & Address: _____

Phone: _____ Fax: _____

Email: _____

Party To Be Invoiced w/ Address & Phone #: _____

City of Engagement: _____

Date & Time of Engagement: _____

Place of Engagement: _____

of Attendees: _____

Audience Profile: _____

Theme of Meeting: _____

Seating Style: Auditorium: _____ Classroom: _____ Workshop _____ - (# of Tables _____)

Set-Up & Walk Through Time: _____

Hotel Name & Address: _____

Hotel Phone: _____

Airport Pick-Up & Transportation Provided By: _____

Books To Be Sold: Yes _____ No _____ / Books Provided By: _____

Book Signing Requested: Yes _____ No _____

Ship Materials/Handouts To:

AUDIO/VISUAL REQUIREMENTS

(Please Check off when requirement is filled)

_____ LCD Projector for Laptop w/ remote control

_____ Largest Screen Available

_____ Cordless Lapel/Lavaliere Microphone

_____ Table for Handouts/Materials/Products