

# LOGISTICAL CHECKLIST for WORKSHOPS

Course Name:	Maximum Number of Participants:
Training Dates:	Start Time/End Time:
Location/City:	Last Day Finish Time:

<b>Please check one: Facility <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> RTF <input type="checkbox"/> Other <input type="checkbox"/></b>	
Tables-(style, number, seating at each)	
Number of Break-out rooms Needed:	
Will sites be secured by a contractor? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please list site contact info and provide a copy of contract to LC. If no, LC will fill in site info.	
Site Contact:	Telephone/Email:
Storage Contact:	Telephone/Email:
Other:	

<input type="checkbox"/> <b>Trainer</b> <input type="checkbox"/> <b>Non-Fed Trainer</b> <input type="checkbox"/> <b>LC</b>	
Lead Trainer:	Telephone/Email:
Other Trainer(s)	Telephone/Email:
Non-Fed Trainer:	Telephone/Email:
Need Logistics Coordinator? YES <input type="checkbox"/> NO <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Logistics Contact:	Telephone/Email:

<b>Materials Needed</b>						
<i>Do you need:</i>	YES	NO	How Many?	<i>Do you need:</i>	YES	NO
Participant Guides to be xeroxed by SFAU? Mailed to _____ By what date? _____				Roster		
Tape				Certificates		
Posters				Name Tags		
Notebook				Tent Cards		
Tabs for Notebooks				Sign-in Sheets		
Direction Signs:				Evaluations		
Easel for Signs				Other:		
Other:						

<b>Equipment Needed</b>					
Is someone bringing an LCD Projector/Laptop with them? <input type="checkbox"/> YES <input type="checkbox"/> NO, request set-up from SFAU/Hotel/School					
<i>Do you need:</i>	YES	NO	<i>Do you need:</i>	YES	NO
Lavalieres			VCR-TV/with Cart		
Hand-held Mike			Screen(s)		
Sound System/Mixer			Easel/Flip Chart/Markers		
LCD Projector/with Cart			CD Player		
Laptop			Podium		
Computers			Overhead Projector		
VHS Camcorder and Tapes			Powerstrip w/Outlets & Ext. Cords		
Other:			Other:		

# Registration System Chart

*Project Leads: This is the information we need to register your audience. We will not be able to post this information until it is complete. The reference chart on page three will help you.  
 Note: If a class date/location has yet to be determined(TBD), please put TBD in the box.*

Course Name	
Project Lead	
Product Group	
Available From	
Abstract	
Maximum/Minimum Count	
Resources	
Instructor	
Location Logistics	
Subjects	
Facility	
Facility Coordinator(s)	
Facility Contact Information	

***FOR LOGISTICS CONTACT PERSON ONLY***

Materials mailed to: \_\_\_\_\_ on \_\_\_\_\_. Tracking # \_\_\_\_\_  
 Need to order these supplies(See Vicki): \_\_\_\_\_  
 Contacted SFAU Communication to post class to Intranet site on: \_\_\_\_\_.  
 Sent request to Vicki for LCs on \_\_\_\_\_.  
 Sent request to Terry for Paid Hotel/School, etc. on \_\_\_\_\_.  
 Other:

## Registration System Chart

Course Name	
Project Lead	
Product Group	What kind of event is it? (time management, financial management, personal achievement, etc.)
Available From	<b>Start and End Dates</b>
Abstract	Please Describe the course. Include time course begins and ends, agenda, room number, directions, what participants are to bring to class, lodging info(if applicable), and training content(if applicable.)
<b>Maximum/Minimum Count</b>	What is the Maximum/Minimum number of participants allowed per class?
Resources	What resources will be needed for this course? (Room, size, equipment, participant guides, reference materials, flip charts, name tags, certificates, sign-in sheets, other)
Instructor	Who will be marking attendance? Please list lead instructor's name here.
Location Logistics	City & State
Subjects	What are some keywords that a user could search the course catalogue to find this course?
Facility	Name and Address of Facility
Facility Coordinator(s)	Person who coordinates the event on-site (could be SFAU staff, hotel staff, etc.)
Facility Contact Information	Phone number and email address of facility coordinator(s)