



Prepared by: Cheryl Y.

Module 2 Event Planning and Management

2.2 EVENT FACILITIES AND TECHNICAL PREPARATION COORDINATION cont.

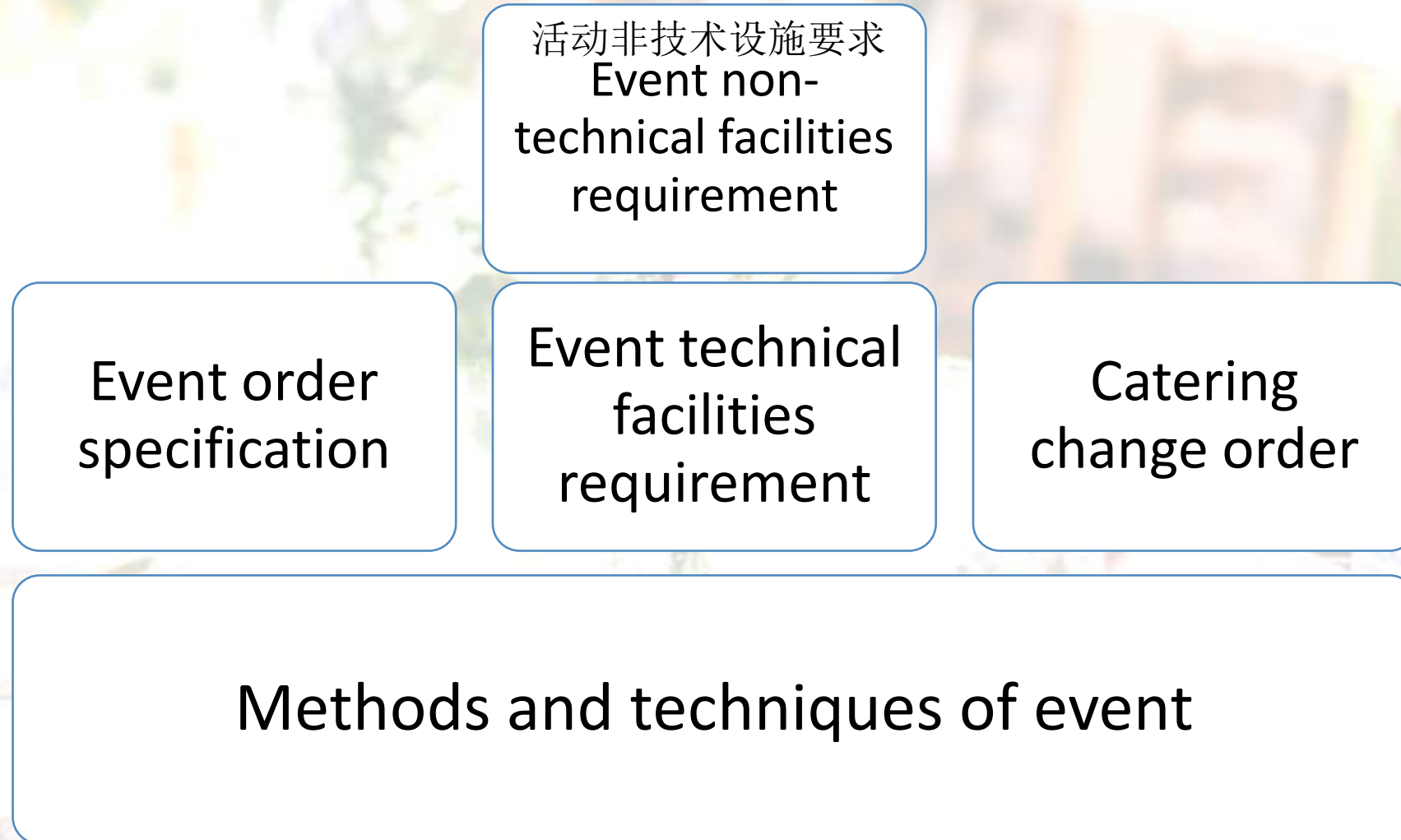
Let's Check

On our assignment



EVENT FACILITIES AND TECHNICAL PREPARATION COORDINATION cont.

3. *Coordinate event facilities based on plan* 根据计划协调活动设施



EVENT NON-TECHNICAL FACILITIES REQUIREMENT



- ✓ **Cleaning & Pest Control** (清洁和害虫控制)
- ✓ **Canteen & Catering** (食堂餐饮服务)
- ✓ **Gardening & Landscaping** (园艺和园林绿化)
- ✓ **Procurement Services** (采购服务)
- ✓ **Estate Management Services** (管理服务)
- ✓ **Waste Management Specialist Services**
(废物管理专门服务)



Event order specification

Event Ticket Order Form

This form is for the standard far-off type numbered ticket provided by the Printing Service. Please fill in every field and write legibly. Ticket proofs will be sent to the e-mail address below. **YOU MUST SUPPLY AN E-MAIL.** Tickets are printed on white gloss coverstock with gold accents at the ends. Mail this form to Printing Services, Room 16, PSS Building or fax this form to (248) 370-4544. Typical time to complete your tickets is 2 days. If you have special requests or require verbiage change, please visit our office for further assistance. Tickets are held for pickup when done. *See ticket prices on the back of this form. Orders for less than 101 tickets will have a \$10.00 surcharge added. Special additions or major changes from the template below will increase the price.*

No. XXXX Presenters Event Goes Here Day, Month Date, 2008 Time PM Place Student \$ Faculty/Staff \$ Guest w/OU Student \$	Presenter Logo or Org. Name Goes Here	Student \$ Faculty/Staff \$ Guest w/OU Student \$
	<i>Proceeds</i> Event Goes Here	
	Day, Month Date, Year Time PM/AM Place - Oakland University	

Oakland University, The Center for Student Activities,
and/or the sponsoring organization(s) are not responsible
for lost, stolen or missing tickets.

Refunds will only be given if the event is cancelled.

Organization Name: _____


Event Name: _____

Day, Month, Date: _____ Time: _____ AM or PM

Event Location: _____

Ticket Pricing: OU Student: _____ OU Faculty/Staff: _____ General Public: _____

Ticket Quantity: _____ Due Date: _____



ECglobal
— Academy —

CATERING EVENT ORDER FORM

Cochise Catering

Instructions: Please complete the form in its entirety. Include names of all that attend the event. Attach a separate page if necessary. Meal costs shall not exceed \$25 per person (including tax and gratuity) for breakfast or lunch and \$50 per person for dinner events. Obtain appropriate signatures and forward to Cochise Catering at Sierra Vista or Douglas Campus. Send a copy to Accounts Payable-Douglas Campus.

Date of Order:
 Contact Name:

Campus/ Location:
 Phone:

Email:

Event Information		Special Timing Requests		Event Type	
Event Date:	Early Arrival Time:	<input type="checkbox"/>	Pick-up		
Event Start Time:	Speaker Time:	<input type="checkbox"/>	Drop Off		
Event End Time:	Purpose of the Event (required)	<input type="checkbox"/>	Off Campus		
Event Location:		<input type="checkbox"/>	Buffet		
Number of Guests:		<input type="checkbox"/>	Served		
Employee Names Attending the Event: <small>(Required)</small>	Multiple Service:	<input type="checkbox"/>	President's China		
	1 st Service Time:	<input type="checkbox"/>	BBQ		
Name(s) & Title(s) of Outside Guests: <small>(Type N/A if none)</small>	2 nd Service Time:	<input type="checkbox"/>	Other		
	3 rd Service Time:				

Menu Selections		
Item (attach additional sheets if necessary)	Quantity	Amount
		\$
		\$
		\$
		\$
TOTAL:		\$

Special Instructions:

Method of Payment						
Budget # 1	Fund	Org	Account	Program	Activity	Amount
						\$
Description:						

Budget # 2	Fund	Org	Account	Program	Activity	Amount
						\$
Description:						

APPROVAL:
 Budget Manager or Supervisor Signature:
 Date:

EVENT WORK ORDER FORM
CAMPUS SUPPORT SERVICES

This form should be submitted to the office of CUSTODIAL SERVICES AND/OR EVENTS & RENTALS Department in Room 5127/G117 respectively.

Please submit all Work-Orders & Room Layout Diagrams within (5) working days prior your event.

Requested by: _____	Date Submitted: _____	Date Required: _____
Authorized by (Dept. Head): _____	Department Room Number: _____	Campus Address: _____
Phone: _____	Fax: _____	E-Mail: _____
Room # or Facility: _____	Title/Name of Event: _____	
Set-up Starting Time: _____	Event Starting Time: _____	Event Finishing Time: _____

PLEASE CHECK ALL ITEMS REQUIRED FOR YOUR EVENT:

I. CUSTODIAL AND/OR EVENTS & RENTALS SUPPORT

- Do you need custodial staff on site to cover your event? Yes ☐ No ☐
- Do you need chairs (folding) How many? _____ Yes ☐ No ☐
- Do you need tables? Yes ☐ No ☐
 - ☐ Rectangular ☐ Round ☐ Cocktail How many will you need? _____
- Do you need table cloths and table skirts? Yes ☐ No ☐
 - Up to 15 - How many? _____
- Do you need trash cans? How many? _____ Yes ☐ No ☐
- Do you need recycle bins? How many? _____ Yes ☐ No ☐
- Do you need a podium? ☐ Acrylic ☐ Wood Yes ☐ No ☐
- Do you need an Easel? How many? _____ Yes ☐ No ☐
- Do you need the MDC Kendall Backdrop? Yes ☐ No ☐
- Do you need a stage? How many pieces? _____ Yes ☐ No ☐
- Do you need the floor of the gym covered for your event? Yes ☐ No ☐
- Will you be using the bleachers and/or steps in the gym for your event? Yes ☐ No ☐
- Are you going to have any of the following? : Yes ☐ No ☐
 - ☐ Plants* ☐ Center Pieces ☐ Other Decorations*
 - ☐ Flowers* ☐ Balloons*

What is the name of the vendor delivering any of the above items? _____

At what time will they be delivering: _____ Pick up time after the event? _____
other: _____

***Please note:** The department hosting the event is responsible for bringing their own plants, flowers, center pieces, balloons, and other decorations. The Events & Rentals Department will provide assistance with the set-up of these items.

III. PUBLIC SAFETY SUPPORT

- Do you need public safety staff on site to cover your event? Yes ☐ No ☐
 • Do you need to reserve parking? If yes, how many spaces? : _____ Yes ☐ No ☐
 • Are you requesting to have any doors open? : If yes, Room number: _____ At what time? : _____ Yes ☐ No ☐
 Other: _____



SSU Departments	Contract Initiative	External/Faculty/Staff
<p> SSU Departments Contract Initiative External/Faculty/Staff </p>		

BOOKING DETAILS					
Group Name			Order Taken By		
Date of Booking			Booking POC/Resp. Person		
Primary Contact No.			Alternate Contact No.		
Fax Number			Email Address		
Address					
EVENT DETAILS					
Type			Drop Off Time		
Kitchen Time		Set Time	Pick up	Yes No	Location
Time of Event	Start Eating				Expected # of Attendees
Service Type	<input type="checkbox"/> Buffet			<input type="checkbox"/> Reception	
	Head Table ____ (Yes) ____ (No)			Serve Head Table Only	
<input type="checkbox"/> Plate & Serve All Guests ____ Table ____ No. at Head Table					
MENU SELECTIONS AND PRICES					
ITEM				COUNT	PRICE
				<i>Subtotal</i>	
7% Taxes (If tax exempt, check box & provide sales tax exemption form)				<input type="checkbox"/> EXEMPT	
____ # Basic Linen @ \$5.00 each / Additional Request (Include color): ____ # Table Skirts @ \$15.00 each / Additional Request (Include color): ____ # Linen for Food tables are @ no cost / Additional Request:					
Drop off service will only provide basic linen for food tables, does not include table skirt. You must request for linen to be provided. All Drop-off Services will be served in disposable platters, aluminum pans and beverages served in disposable jugs.					
____ # Wait staff: \$21.00/hour with a four hour minimum- 1 for every 30 persons) ____ # Culinary: \$25.00/hour with a four hour minimum- 1 for every 30 persons)					
Basic Acrylic (Clear)-(no charge) Upgraded Acrylic (Ivory & Gold)(White & Silver)-(\$2.00/person) China(\$3.00/person)					
Delivery Fee \$80.00 (Off campus Events only): Delivery Location					

Special Event
Order Form

Name:	
Date:	
Phone Number:	
Address:	
Email:	

Product	Net Wt Oz	Qty > 0 Price	Qty > 100 Price	Qty > 200 Price	Quantity	Caramel (Place # of each desired)					
						T	P	C	SS	Cof	CH
2 Pc Organza Bag		\$2.00	\$1.85	\$1.75							
3 Pc Organza Bag		\$2.75	\$2.60	\$2.45							
4 Pc Organza Bag		\$3.50	\$3.30	\$3.10							
6 Pc Cello Bag		\$5.00	\$4.85	\$4.75							
4 Pc Box		\$4.00	\$3.75	\$3.50							
12 Pc Box		\$10.00	\$9.75	\$9.50							
25 Pc Box		\$20.00	\$19.50	\$19.00							
50 Pc Box		\$40.00	\$39.00	\$38.00							

Types of Caramel	
T= Traditional	P= Pecan C= Cherry SS= Sea Salt Cof= Coffee CH= Cocoa

Customization	Set up \$	\$/Unit	Please Check	Notes (colors, designs, message ect.)
Ribbon		\$0.25		
Sticker	\$5.00	\$0.10		
Tag/Message	\$5.00	\$0.20		
Tie On		\$0.20		
Bag/Container		N/A		

Comments:

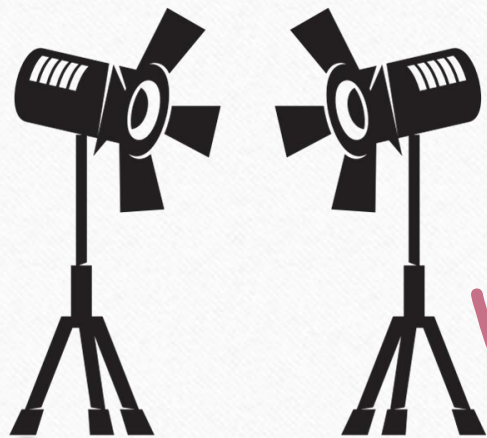
Event technical facilities requirement

Lighting Equipment

Sound and Audio Equipment

Video & Projection systems

Video Streaming & Live Feeds



Catering change order



Event Catering Order Form

Name: _____
Address: _____ Suite: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-mail: _____

Event Info

Name of Event: _____ Date of Event: _____ Type of Event: _____
Location of Event: _____
Number of Pokey O's Ice Cream Sandwiches: _____ Time Needed: _____

Method of Payment:

CASH / ☐ CHECK / ☐ CREDIT CARD (Visa MC Amex) Card # _____ Exp. Date _____ Security Code _____
Circle One Circle One
Signature: _____

Choose Two Blue Bell Ice Cream Flavors:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Homemade Vanilla | <input type="checkbox"/> Dutch Chocolate | <input type="checkbox"/> Cookies & Cream | <input type="checkbox"/> Mint Chocolate Chip |
| <input type="checkbox"/> Rocky Road | <input type="checkbox"/> Chocolate Chip | <input type="checkbox"/> Chocolate Peanut Butter | <input type="checkbox"/> Chocolate Chip Cookie Dough |
| <input type="checkbox"/> Rainbow Sherbet | <input type="checkbox"/> Butter Pecan | <input type="checkbox"/> Pecan Pralines & Cream | <input type="checkbox"/> Birthday Cake |
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Strawberry | <input type="checkbox"/> Cake Batter | |

Pick up to Four Pokey O's Cookie Flavors:

- | | | |
|---|---|---|
| <input type="checkbox"/> Semi-Sweet Chocolate Chip | <input type="checkbox"/> Vanilla Sugar | <input type="checkbox"/> Gluten-Free Chunky Chocolate Pecan |
| <input type="checkbox"/> Oatmeal Cinnamon Raisin Walnut | <input type="checkbox"/> Cappuccino Chocolate Chunk | <input type="checkbox"/> White Chocolate Macadamia Nut |
| <input type="checkbox"/> Fudge Nut Brownie | <input type="checkbox"/> Coconut Chocolate Chip | <input type="checkbox"/> Maple Pecan |
| <input type="checkbox"/> Snickerdoodle | <input type="checkbox"/> Tiramisu | |

TO: STATE OF ALABAMA
BUILDING COMMISSION
770 Washington Avenue, Suite 444
Montgomery, Alabama 36130
(334) 242-4082 FAX (334) 242-4182

CHANGE ORDER JUSTIFICATION

Change Order No. _____

Date: _____

PURPOSE AND INSTRUCTIONS ON REVERSE SIDE

B.C. No. _____

(A)	PROJECT:	OWNER:
	CONTRACTOR:	ARCHITECT/ENGINEER:
(B)	DESCRIPTION OF PROPOSED CHANGE(S): ATTACH CONTRACTOR'S DETAILED COST PROPOSAL(s)	
	AMOUNT: <input type="checkbox"/> ADD <input type="checkbox"/> DEDUCT \$ _____ TIME EXTENSION: _____ CALENDAR DAYS	
(C)	ORIGINAL CONTRACT PREVIOUS C.O.'s _____ THRU _____ CURRENT CONTRACT	
	\$ _____ \$ _____ \$ _____	
(D)	JUSTIFICATION FOR NEED OF CHANGE(S):	
(E)	JUSTIFICATION OF CHANGE ORDER vs. COMPETITIVE BID:	



Methods and techniques of event

Event Evaluation & Analysis Methods

Qualitative

- ✓ Verbal
- ✓ In Person
- ✓ Written

Quantitative

- ✓ By invitation
- ✓ Door Counter
- ✓ Sign-in Sheets
- ✓ Registration
- ✓ Website Hits