Please save this form with a new name on your own drive for each event you plan. Thank you.

EVENT/FUNCTION PLANNING GUIDE

This check list is designed to assist you with the many components of planning your event. However, it is strongly recommended that you include an event professional in your initial meetings/conversations in an effort to capture your needs accurately.

EVENT INFORMATION:

What type of event is this? (check all that apply)

- ☐ Regional, Campus (all alumni)
- ☐ Foundation (donors/prospects)
- ☐ Constituency (specific)
- ☐ Other _____

Who will be coordinating the event?

- ☐ Foundation
- ☐ WAA, Constituency
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Days/Dates of Function(s) _____

Days/Dates of Function(s) _____

Days/Dates of Function(s) _____

Alternate Day/Date(s)_____

Have you checked the events calendar (supportuw.org/events) for possible conflicts?

☐ Yes ☐ No

Event Name: _____

Event Location: (provide name of facility preferred/suggested/confirmed) _____

Event Time: _____

City\State:_____

Has the location been reserved? ☐ Yes ☐ No

If so, by whom: _____

CALENDARS:

Check all that apply and provide names

Have all appropriate calendars been cleared?

☐ Yes ☐ No

- ☐ Foundation President/CEO _____
- ☐ Chancellor _____
- ☐ Department Chair _____
- ☐ Foundation Vice President(s)_____
_____
- ☐ Provost_____
- ☐ Sponsor _____
- ☐ Director of Development _____
_____
- ☐ Dean _____
- ☐ Donor/Host_____
_____

Presenter(s) (name(s): _____
_____
_____

By whom: _____
_____
_____

FINANCIAL/BUDGET INFORMATION:

Do you require a budget for planning purposes:
☐ Yes ☐ No

Do you have a budget for the event? ☐ Yes ☐ No

Has the proposed budget been approved?
☐ Yes ☐ No

What does this budget include?

- ☐ Printed materials
- ☐ Food
- ☐ Beverage

- [ ] Equipment
- [ ] Décor
- [ ] Travel
- [ ] Other _____

Budget Amount: $ _____

Will there be a charge to attend this event?
- [ ] Yes   - [ ] No

If so, amount per person: $ _____

Is part of the event cost to be a donation?
- [ ] Yes   - [ ] No

If so, what amount is tax deductible?

$ _____

What Foundation fund will expenses be paid from?

Fund Name: _____

Fund Number: _____

TRAVEL NEEDS:

Will you require any of the following?
(check all that apply)

- [ ] Vehicle
- [ ] GPS
- [ ] I-Pass
- [ ] Universal Permit

LOGISTICS:

Will you require food and beverage?
- [ ] Yes   - [ ] No

(check all that apply)

- [ ] Continental Breakfast
- [ ] Breakfast
- [ ] Lunch
- [ ] Dinner
    Plated or buffet?

Do you want to offer a choice of entrees?
- [ ] Yes   - [ ] No

- [ ] Cocktails
- [ ] Cash Bar
- [ ] Hosted Bar beer, wine, soft drinks and liquor
- [ ] Hosted beer, wine and soft drinks
- [ ] Hors d' oeuvres
- [ ] Light Refreshments
- [ ] Other _____

Will you require any of the following?
(check all that apply)

- [ ] Parking Permits (inc. info on handicap parking)
- [ ] Coat Racks
- [ ] Guest Room Accommodations
- [ ] Group Dinner Reservations
- [ ] Floral/Décor
- [ ] Ground/Shuttle Transportation
- [ ] Entertainment
- [ ] Signage - Registration/Directional
- [ ] Staff Parking Permit
- [ ] Badge Ribbons
- [ ] Valet Parking
- [ ] Other _____

Will you require audio visual equipment?
- [ ] Yes   - [ ] No

(check all that apply)

- [ ] Podium
- [ ] LCD Projector
- [ ] Screen
- [ ] Remote control with pointer
- [ ] Laptop
- [ ] DVD Player
- [ ] Monitor(s)
- [ ] Overhead Projector
- [ ] Sound (speakers)
- [ ] Podium Microphone
- [ ] Lavaliere Microphone
- [ ] Easel # _____
- [ ] Flipchart/Markers #_____
- [ ] Badge/Label Maker
- [ ] Other:_____

Will you require audio visual technical assistance?

☐ Yes   ☐ No

REGISTRATION AND EVENT SUPPORT:

Will you require registration assistance?

☐ Yes   ☐ No

If yes, do you have an assigned assistant?

☐ Yes   ☐ No

_____

(provide name)

Will you have other staffing needs?

☐ Yes   ☐ No

What will you require? (check all that apply)

☐ Data entry of responses
☐ On-site/Day of Event registration assistance
☐ Name badges
☐ Place cards
☐ Table tents
☐ Table assignments

PRINT AND PRESENTATION MATERIALS:

Will you require print materials for this function?

☐ Yes   ☐ No

Who will be responsible?

☐ Foundation
☐ WAA
☐ Other _____

If UW Foundation, have you set up a meeting to discuss?

☐ Yes   ☐ No

Please refer to the MarCom Project Request database in Strategy to Request a New Project for any or all of the following materials.

☐ Save-the-Date Email/Postcard
☐ Invitation
☐ Letter of Invitation
☐ Program
☐ Confirmation Letter
☐ Reminder Email/Postcard

☐ Script
☐ Follow-Up Letter
☐ RSVP form
☐ Map/Directions

Due dates needed when a project is submitted:

☐ Copy for printer _____
☐ Invitation list (printed count)_____
☐ Invitation mailing_____
☐ Program copy _____

Things to include in invitation and/or confirmation materials:

☐ Reply date (10-14 days in advance)
☐ Parking information
☐ Attire
☐ Private club rules, i.e. use of cell phones

Will you require creative assistance putting your presentation together, i.e. Power Point, Video, etc.?

☐ Yes   ☐ No

INVITATION LIST:

Have you determined the criteria for your invitation list?

☐ Yes   ☐ No

If so, what is the criteria?

_____
_____
_____

Who will generate the final invitation list?*

☐ Foundation
☐ WAA
☐ Constituency
☐ Other _____

Do you have the household count for printed materials?

☐ Yes   ☐ No

This is a spouse/guest linked count used to determine quantity required for print materials. *Will you need additional quantities of invitations, programs, etc., for other purposes, i.e. staff?

FOUNDATION BUILDING:

Will you require assistance from the students to set up and tear down for your event/meeting?

☐ Yes   ☐ No

If you require equipment, please be sure to reserve it on the appropriate resource calendar.

Will you need access after building hours (5 pm-7 am)?

☐ Yes   ☐ No

The Foundation is PCI compliant. Refer to Connect for procedures regarding visitors to the building.

Who will be responsible for monitoring outside access by caterers and other vendors?

_____

_____

Who will be responsible for signing your guests in/out?

_____

_____

FOLLOW UP:

Will you be sending thank you notes/letters to participants after the event?

☐ Yes   ☐ No

Will you be sending a survey after the event?

☐ Yes   ☐ No

If yes, what will you be asking about, i.e. the event, the topic, the speaker?

_____

_____

_____

EVENT CONTACTS:

Facility/Vendor
_____

Contact name _____ Email _____ phone _____

Address _____

City, state zip _____

Facility/Vendor
_____

Contact name _____ Email _____ phone _____

Address _____

City, state zip _____

Facility/Vendor
_____

Contact name _____ Email _____ phone _____

Address _____

City, state zip _____

Facility/Vendor
_____

Contact name _____ Email _____ phone _____

Address _____

City, state zip _____

Facility/Vendor
_____

Contact name _____ Email _____ phone _____

Address _____

City, state zip _____