

Kairos Speakers Bureau Presentation Check List

Confirm presentations initiated by either Presentation Initiators and/or others and follow up with logistical details through presentation event:

1. Date and inclusive times of event

Date: ___/___/___ Time: ___:___ AM or PM: ___

2. Venue Event Scheduler Contact information including:

Name: Prefix (circle one) Mr Mrs Ms Other: _____

First: _____ MI ___ Last _____

Title: _____

Email: _____

Phone: (_____) _____ - _____

3. Address of event ,

Facility Name: _____

Floor: _____ Room Number: _____

Street: _____

City State Zip: _____, OH _____

Parking: _____

Building entrance: _____

4. Summary of presentation topic

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5. Presenter Team Presenter/Info Table/Etc.

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

6. Date Presenter names and bios provided to venue scheduler? ____/____/____

7. Promotional materials needed by venue event manager Yes ____ No ____ N/A ____

8. Date suggested promotion info sent to venue scheduler? ____/____/____

9. Setup OK by presenters usually 30 to 60 minutes prior to event? Yes ____ No ____

10. Equipment needed:

a. Audio/visual and screen/display area for short film – do we need to provide projector?
Yes ____ No ____ N/A ____

b. Podium with audio provided Yes ____ No ____ N/A ____

c. 3' x 8' information table provided Yes ____ No ____ N/A ____

11. Expected attendance: _____

12. Seating arrangement (e.g. theater, in round or square or at tables)

13. Dress Code: _____

14. Pre event site visit recommended? Yes ____ No ____ N/A ____

15. Special notes applicable to event

Prepared by: _____ Date: ____/____/____