



Northeastern University

Event Planning Checklist

EVENT SNAPSHOT:

EVENT NAME:	
EVENT DATE AND LOCATION:	
YOUR NAME:	
YOUR DEPARTMENT:	
TODAY'S DATE:	
OBJECTIVE OF EVENT:	
DEVELOPMENT STAFF INVOLVED:	
OVERALL EVENT BUDGET EST.:	
BUDGET #:	
EVENT APPROVAL BY:	

PRINTED MATERIALS:

PERSON/DEPT. RESPONSIBLE:

DATE DUE:

COMPL'D ON:

SAVE THE DATE:			
INVITED BY:		---	---
INVITATION:			
INVITATION ENVELOPE:			
RESPONSE CARD:			
RESPONSE ENVELOPE:			
MAP:			
INSERTS:			
PROGRAM:			
OTHER:			

GUEST MANAGEMENT:

PERSON/DEPT. RESPONSIBLE:

DATE DUE:

COMPL'D ON:

DETERMINE GUEST LIST:			
OBTAIN/MANAGE GUEST LIST:			
ADDRESS INVITES HAND OR TYPE:			
SEND INVITES:			
TRACK AND CONFIRM R.S.V.P.S:		---	---
SEATING ASSIGNMENTS:			
INTERNAL INVITEE LIST:			
NAMETAGS:			
MISC:			

PROGRAM:

PERSON/DEPT. RESPONSIBLE:

DATE DUE:

COMPL'D ON:

SPEAKER(S):			
CONTACT NAME SPEAKER OFFICE:		---	---
DEV. CONTACT FOR SPEAKER:		---	---
TOPIC - SPEECH/PRESENTATION:			
EVENT TIMELINE:			
WRITTEN PROGRAM AT EVENT:			
MISC:			

PRESIDENT

PERSON/DEPT. RESPONSIBLE:

DATE DUE:

COMPL'D ON:

ATTENDING EVENT (YES/NO):			
SPEAKING AT EVENT:			
DEV. CONTACT FOR PRESIDENT:		---	---
PRES. OFFICE CONTACT:		---	---
DEV. CONTACT DRAFT REMARKS:			
CONFIRMATION W/PRES. OFFICE:		---	---
SPECIAL ARRANGEMENTS:			
MISC:			

VENUE:	PERSON/DEPT. RESPONSIBLE:	DATE DUE:	COMPL'D ON:
LOCATION (& CONTACT INFO):			
CATERER (& CONTACT INFO):			
DEV CONTACT - VENUE/CATERER:		----	----
MENU TYPE (BUFFET/SIT-DOWN):		----	----
MENU IDEAS:		----	----
BEVERAGES (ALCOHOL?):		----	----
DÉCOR (LINENS/COLORS):		----	----
CENTERPIECES (YES/NO):		----	----
# OF TABLES:		----	----
# OF SEATS AT TABLES:		----	----
POSITION OF TABLES:		----	----
COATCHECK:		----	----
PODIUM/STAGE/LIGHT/SOUND:		----	----
A/V (YES/NO AND TYPE DUEED):		----	----
A/V CONTACT INFO:		----	----
REGISTRATION TABLE:		----	----
ENTERTAINMENT (YES/NO):			
ENTERTAINMENT INFO:		----	----
PARKING (PAID OR UNPAID):		----	----
MISC:			

BRIEFING MEMORANDUM	PERSON/DEPT. RESPONSIBLE:	DATE DUE:	COMPL'D ON:
Briefing Needed? (YES/NO):			
FOR WHOM:	<div><input type="checkbox"/> President<input type="checkbox"/> Other:</div> <div><input type="checkbox"/> Chairman<input type="checkbox"/> Other:</div> <div><input type="checkbox"/> President's Staff<input type="checkbox"/> Staff:</div> <div><input type="checkbox"/> Provost<input type="checkbox"/> Staff:</div> <div><input type="checkbox"/> Senior Team:<input type="checkbox"/> Staff:</div> <div><input type="checkbox"/> Other:<input type="checkbox"/> Staff:</div>		
ITEMS INCLUDED:			

MEDIA:	PERSON/DEPT. RESPONSIBLE:	DATE DUE:	COMPL'D ON:
COVERAGE NEEDED? (YES/NO):			
TYPE (PRINT/TV/RADIO/WEB):		----	----
NU CONTACT FOR MEDIA:		----	----
DEV. CONTACT W/ MEDIA:		----	----
MISC:			

PHOTOGRAPHY:	PERSON/DEPT. RESPONSIBLE:	DATE DUE:	COMPL'D ON:
NEEDED? (YES/NO):			
PHOTOGRAPHER INFO:		----	----
DEV. CONTACT - PHOTOGRAPHER:		----	----
SPECIFIC USE FOR PICTURES:		----	----
MISC:			

SIGNAGE:	PERSON/DEPT. RESPONSIBLE:	DATE DUE:	COMPL'D ON:
NEEDED? (YES/NO):			
TYPE (DIRECT/DÉCOR/BANNER):			
DEV. CONTACT W/ SIGN SHOP:		----	----
MISC:			

MISCELLANEOUS:	PERSON/DEPT. RESPONSIBLE:	DATE DUE:	COMPL'D ON:
GIFTS FOR ATTENDEES:			
FOLLOW UP BY WHOM:			
NOTES:			