EVENT SPEAKER CHECKLIST



SPEAKER INFORMATION				
SPEAKER NAME				
SPEAKER ORG				
TELEPHONE				
"DAY OF" PHONE		MAILING ADDRESS		
FAX				
EMAIL		WEBSITE		
CONTACT NAME & TITLE		CONTACT EMAIL		
CONTACT PHONE 1		CONTACT PHONE 2		
PRESENTATION				
PRESENTATION TITLE				
PRESENTATION DATE		PRESENTATION LENGTH		
EVENT LOCATION				
PRESENTATION OVERVIEW				
SPEAKER CONFIRMED?		IF CONFIRMED, DATE OF CONFIRMATION		
REHEARSAL REQUESTED?		DIETARY RESTRICTIONS?		
INTERNAL POINT OF CONTACT		WHO WILL GREET SPEAKER?		
IF GUEST LIST PROVIDED, INCLUDE GUEST NAMES				
TECHNICAL SPECIFICATIONS				
NAME OF EQUIPMENT REQUIRED		COMMENTS: AVAIL	ABLE IN-HOUSE, SPEAKER WILL PROVIDE, ETC.	

DESCRIBE STAGING SET- UP AND REQUIREMENTS				
A/V POINT OF CONTACT	A/V PHONE			
A/V EMAIL	ADDITIONAL STAFF			
DESCRIBE ANY ADDITIONAL SET-UP REQUIREMENTS				
TASK CHECKLIST				
DATE COMPLETED	TASK	PARTY RESPONSIBLE		
	Schedule review			
	Presentation review			
	Presentation title obtained			
	Presentation synopsis obtained			
	Speaker biography obtained			
	Speaker photo obtained			
	Transportation review			
	Accommodations review			
	Rehearsal schedule review			
	Logistics confirmed with speaker / speaker representation			
ADDITIONAL COMMENTS				

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