

Guest Reception Worksheet

Complete this form in Adobe Acrobat or Reader to save your information

GENERAL INFORMATION

Program name: _____

Posting name of meeting (for signs): _____

Space Request Room:

Board Room Terrace Conference Room Fourth Floor Lobby

Program day and date: _____

Start time: _____ End time: _____
(Provide the start and end times you provide attendees. We will book the room to allow for set-up and clean-up time.)

Number of participants (include coordinators, presenters, & attendees): _____

Brief description of your event:

Please include the following information:

Is the event a plated dinner, buffet or hors d'oeuvres?

Will alcohol be served?

McKnight can supply 7 high top tables with draping and 8 -6' tables with draping for beverage & catering other tables will need to be supplied. Please indicate if you need our tables and/or will you supply your own.

CONTACT INFORMATION:

Coordinator/Planner: _____ Coordinator's Arrival time: _____

Phone: _____ Email: _____

Facilitator/Presenter: _____ Facilitator's Arrival time: _____

Phone: _____ Email: _____

AUDIOVISUAL

McKnight can provide the A/V and technology equipment listed below at no charge.

- | | |
|--|---|
| <input type="checkbox"/> Lectern | <input type="checkbox"/> Lectern with microphone* |
| <input type="checkbox"/> Video display (TV/LCD projector depending on the room) | <input type="checkbox"/> Wireless handheld mic* |
| <input type="checkbox"/> Wifi access | <input type="checkbox"/> Wireless lavalier (clip-on mic)* |
| | <input type="checkbox"/> DVD/CD player |
| <input type="checkbox"/> Other (please discuss this with your McKnight contact): _____ | |

**Available in the Board Room only*

CATERER INFORMATION

Provide the caterer's name and delivery time below. Please use any caterer of your choice. For your convenience, you may also visit our [list of recommended caterers](#).

Name: _____ Delivery time: _____

FOOD AND BEVERAGE

McKnight can provide the beverages listed below at no charge. Check our selections.

- | | |
|---|--|
| <input type="checkbox"/> Regular coffee | <input type="checkbox"/> Ice water in pitchers |
| <input type="checkbox"/> Decaffeinated coffee | <input type="checkbox"/> Assorted tea bags and hot water |

ACCESSIBILITY AND OTHER NEEDS:

We strive to reduce barriers to participation in meetings held in our office. If any accommodations are needed, please let us know.

Please complete the form, "save as," and email to dschlosser@mcknight.org.