

EVENT INFORMATION ORGANIZER

	Event Name:	
School of Music	Area/ Sponsor:	
Event Type : Conference	Recital/ Concert Lec	ture Master Class Workshop/ Camp/ Clinic
Performer Type : Faculty	Guest Cha	amber Ensemble
Event Date : / /	Start Tin	ne : Run Time :
Start Date : /	/	End Date : / /
Start Date: / Day(s) of the week: Mon Tues Reoccurring? Y / N Weekly		Sat Sun Start Time :
Reoccurring? Y / N Weekly	Bi-weekly Monthly	Run Time :
Preferred Space/ Room :	Dress Re	hearsal? Start Time :
SPACE DETAILS		
Total # of People : Ch	nairs Stands	Tables Other: House Management:
Branded Items: Banners Photo	Booth Directional Sig	nage Recital Attendance :
AUDIO / VISUAL NEEDS		
	ighting Zoom O	ther :
		Other .
Accessibility: Livestream Record		
MARKETING / COMMUNIC	CATIONS	
Bios Headshots		Program Notes
		Translations
		Translations
Social Media	Special Marketing Details	Target Audience HS Students Music Educators
Mass Email		
Mailer (ex. Postcard)		
Flyer/ Poster		Elm. Students Donors General Public Current Students

GUEST INFO	
Contract Working with Minors	U of I Cost
	Travel
	Lodging
	Transportation
Travel	& Stay Information
	·
FOLLOW UPS	
Guest Thank You	
Marketing Audience Follow Up	
Other:	
outer.	
ADMISSIONS NEEDS	
Admission Information Folders	
Merch/ Swag	
HOSPITALITY	
Caterer Meal	# to Serve :
Food & Beverage Details	Serving Time :
	Meal Budget :
Cutlery Needed	