WORK ORDER

Responsible Person_____

Day _____ **Date** _____ **Activity** _____

Time _____ **# Persons** _____ **Room** _____

Set Up

_____ Hollow Sq _____ Conference _____ Classroom

_____ Auditorium _____ Rounds _____ Other _____

Food Function

_____ _____

_____ _____

_____ _____

_____ _____

A/V Equipment

_____ Podium _____ Mic

_____ Pointer _____ OH _____ 35mm Projector

_____ VCR _____ Monitor _____

_____ Flip Charts _____ White Board _____ Screen _____ Size

_____ Equipment Table/Cart _____ Extension Cord _____ Power Strip

_____ Other _____

Comments

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Checked by: _____ Date _____ Time _____