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|-------------------|--|-------------------|--|
| Event Name | | Start Date | |
| | | End Date | |

| Event Planning Checklist | | | | |
|---|--------------------------|-----------------------|-----------------|--------------------------|
| ACTION ITEM | DONE / NA | DATE COMPLETED | COMMENTS | FOLLOW UP |
| Initial Review with Show Manager | | | | |
| Intro phone call or email from CSM | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Intro phone call from TCC Partners | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Share previous event location & history with CSM | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Provide the following to CSM (can use TCC's Planning Forms) | <input type="checkbox"/> | | | <input type="checkbox"/> |
| • Main Contact & Alternate Contacts (Authorized Signers) | <input type="checkbox"/> | | | <input type="checkbox"/> |
| • Decorator, A/V & Production Companies Contact Info | <input type="checkbox"/> | | | <input type="checkbox"/> |
| • Website, Phone #, etc. for Attendee Information | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Insurance sent (if applicable)? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Deposit & scheduled payments sent? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Schedule Planning/Site visits to meet with CSM | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Review website: www.tampaconventioncenter.com | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Contracted dates & venue space correct? | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Tradeshows: CSM to Review with General Services Contractor/Decorator | | | | |
| Service Provider Insurance Current: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| General Service Contractor Fact Sheet | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Floor Plans sent to CSM for Fire Marshal approval | <input type="checkbox"/> | | | <input type="checkbox"/> |
| TCC to send Exhibitor info for Exhibitor Kits | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Remind Decorator to review "TCC's Service Contractor Guide" | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Review Encore's Sign & Banner Policies, if applicable | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Review TCC's Cleaning Policies | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| AV/Production Company | | | | |
| Review Exclusive Policies | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Outside Production Co – Insurance current: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Drawing Floor Plans: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Rigging? Encore exclusive: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Backdrop for stage? | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Reminder About Blocking Exits (Lighted Exit Signs if needed) | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Reminder About Lighting over A/V Screens (if needed) | <input type="checkbox"/> | | | <input type="checkbox"/> |

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| Floorplans for the Fire Marshal | | | | |
| Floorplan sent to the CSM to submit to Fire Marshal | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Display vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/> / On Floor Plan <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Schedule time for Fire Marshal inspection | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Blocking fire extinguishers or exits? | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Floorplan approval by Fire Marshal | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Revisions of Floorplan sent to CSM for Fire Marshal | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Review with Convention Services Manager | | | | |
| Rigging, A/V, Banners & Clings | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Vehicle Displays: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| F & B Sampling: Yes <input type="checkbox"/> No <input type="checkbox"/> / Approved <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Alcohol Sampling: Yes <input type="checkbox"/> No <input type="checkbox"/> / Sent to ARAMARK <input type="checkbox"/> / Approved <input type="checkbox"/> / Note: Much longer approval process | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Cooking: Yes <input type="checkbox"/> No <input type="checkbox"/> / Grease Barrel: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Internet Request: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Phone Request: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Electric Request: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Hazing/Open Flame/Fireworks/Pyrotechnics: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Animals: Yes <input type="checkbox"/> No <input type="checkbox"/> / Special Insurance <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Extra Dumpster Pull : Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Overnight HVAC: Yes <input type="checkbox"/> No <input type="checkbox"/> (Extra charge) | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Plumbing: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Decorations/Balloons, etc.: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Box Office: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Lock Changes/Keys: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Shuttle Buses: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Media: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Safe Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Shipping Packages early to Business Center: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Schedule "Working Pre-Con", if applicable | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Parking Passes | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Discuss Local Donation Programs | <input type="checkbox"/> | | | <input type="checkbox"/> |

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| ACTION ITEM | DONE / NA | DATE COMPLETED | COMMENTS | FOLLOW UP |
| General | | | | |
| Complete sent Specs to CSM: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Confirm Encore Details / Payment sent | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Confirm Security Schedule / Payment sent | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Confirm F&B Guarantees / Payment sent | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Identify possible issues (inventory, outside activity, tight turns, noise, etc.) | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Paramedic, if applicable | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Fire Watch, if applicable | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Review and sign Event Resume & Floorplans | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Ancillary Payment due 7 days prior to event | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |

| Pre & Post Show | | | | |
|--|--------------------------|--|--|--------------------------|
| Prior To Show Day | | | | |
| Walkthrough of rooms | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Provide Program Guides to CSM - Go To Information Desk | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Final Show Day | | | | |
| Review added ancillaries | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Walkthrough for damages | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Post-Con, if applicable | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Turn in all keys | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Additional Notes | | | | |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |