



Event Name		Start Date	
		End Date	

Master Planning Questionnaire

Contacts	
Main Planning Contact	Alternate Planning Contact
Company:	Company:
Contact:	Contact:
Office #:	Office #:
Cell #:	Cell #:
Fax #:	Fax #:
Email:	Email:
<input type="checkbox"/> Authorized signer to add cost to master bill	<input type="checkbox"/> Authorized signer to add cost to master bill
Decorator	Production Company
Company:	Company:
Contact:	Contact:
Office #:	Office #:
Cell #:	Cell #:
Fax #:	Fax #:
Email:	Email:
<input type="checkbox"/> Authorized signer to add cost to master bill	<input type="checkbox"/> Authorized signer to add cost to master bill
Exhibits/Floor Manager	Other
Company:	Company:
Contact:	Contact:
Office #:	Office #:
Cell #:	Cell #:
Fax #:	Fax #:
Email:	Email:
<input type="checkbox"/> Authorized signer to add cost to master bill	<input type="checkbox"/> Authorized signer to add cost to master bill



Event Name		Start Date	
		End Date	

Exhibit Hall					
	Day	Date	Daily Start Time	Daily End Time	Estimated Daily Attend
Decorator Move-In	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
Exhibitor Move-In	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
Registration	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
Show Hours	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
Exhibitor Move-Out	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
Decorator Move-Out	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	
	Monday	Pick a date.	AM/PM	AM/PM	



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General Information

Required Services – Check all that apply

<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Registration* – If yes, fill out Registration Information below
<input type="checkbox"/> Box Office – If yes, fill out Box Office information below	<input type="checkbox"/> Rigging
<input type="checkbox"/> Fog Machine/Special Effects	<input type="checkbox"/> Shuttles/Buses/Valet Service
<input type="checkbox"/> Food & Beverage Sampling/Alcohol Sampling	<input type="checkbox"/> Tents/Covered Areas
<input type="checkbox"/> Media	<input type="checkbox"/> Vehicle/Motorized Equipment Display*

*Vehicle or motorized displays require Fire Marshal approval and may require the use of a Fire Watch

Registration

Requested Location:

*Registration areas are subject to TCC and Fire Marshal approval

Attendance

Move-In Days:	<input type="checkbox"/> Majority Local Attendees <input type="checkbox"/> Majority Hotel Attendees <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">Hotel(s)</div>
Set-Up Days:	
Show Days:	
Tear-Down Days:	
Move-Out Days:	

Box Office

Contact for General Public:	Ticket Prices: \$
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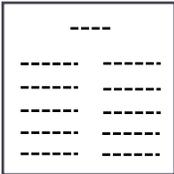
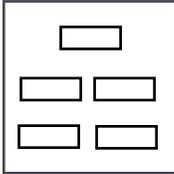
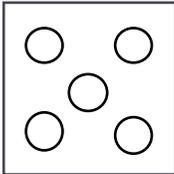
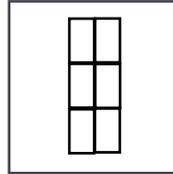
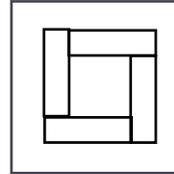
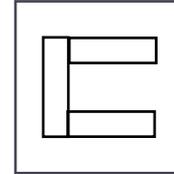


Event Name	Start Date
	End Date

Room Layout (1 Form Per Room) – Turnover fees may apply

Room #:	Attendance Expected:	
Date(s):	Contact:	
Start Time AM/PM	End Time AM/PM	Session Name

Room Set-Up – Select One

						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	Classroom	Banquet	Conference	Hollow Square	U-Shape	Other

Meeting Room Requirements – Check all that apply

<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Keys
<input type="checkbox"/> Easel	<input type="checkbox"/> Linens for Classroom Set-Up*
<input type="checkbox"/> Electric <input type="checkbox"/> 20 Amp Other: #:	<input type="checkbox"/> Lock Change*
<input type="checkbox"/> Food & Beverage – If yes, select <input type="checkbox"/> Plated <input type="checkbox"/> Buffet	<input type="checkbox"/> Phone Lines
<input type="checkbox"/> Head Table	<input type="checkbox"/> Podium
<input type="checkbox"/> Internet	<input type="checkbox"/> Stage

* Please note: Additional service upgrades including linens, pads, pens and water service can be ordered through the catering department. Upon request TCC will provide up to four keys per room on a complimentary basis. Fees will be assessed for additional keys, lock changes, lost and non-returned keys.

Stage Description/Room Set-Up Instructions