

Room Reserved:	<input type="text"/>	Room Set-up:	<input type="text"/>	Originator's Initials:	_____
Date of Event:	<input type="text"/>	Event Start Time:	<input type="text"/>	Date Submitted:	_____
Event Title:	<input type="text"/>	# of Participants:	<input type="text"/>	Date Reviewed:	_____
				SDS Confirmed (date):	_____

WISD PROFESSIONAL DEVELOPMENT PLANNING FORM

Target Audience:	<input type="text"/>	Event Description:	<input type="text"/>
<i>Note: If this event is in the Technology Lab, call Technology Services at 734-994-8100, x1286</i>			
Presenter:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
		Contact Person:	<input type="text"/>
		Email:	<input type="text"/>

EVENT DETAILS	FOOD SERVICE
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		(Coffee & Tea are provided at no charge.)	
Number of participants:	Min _____ Max _____	Do you want PD to provide food service?	Yes _____ No _____
Children/Students:	Ages: _____	Will you be handling your own food service?	Yes _____ No _____
Will an admission/registration fee be charged?	Yes _____ No _____	Caterer?	_____
Amount \$ _____		Continental Breakfast?	Time? _____ Yes _____ No _____
Do you want your event posted on the WISD website ?	Yes _____ No _____	Lunch/Dinner?	Time? _____ Yes _____ No _____
Do you want participants to register on the WISD website ?	Yes _____ No _____	Other (Please include any dietary requirements):	_____
Are you anticipating a need to apply for SB-CEUs ?	Yes _____ No _____	Total cost per person not to exceed?	\$ _____
<i>If YES, the completed application will be required no later than 6 weeks prior to the event .</i>		WISD Account #:	_____

EQUIPMENT

		(Available at no charge. Please check <u>all</u> that apply.)	
Do you have handouts that will need to be duplicated?	Yes _____ No _____	Telephone	_____
<i>If YES, please allow a minimum of 2 weeks for duplicating.</i>		Overhead Projector	_____
Are WISD sign in sheets needed?	Yes _____ No _____	CD Player	_____
Are WISD evaluations needed?	Yes _____ No _____	Easel	_____
Do you require name badges ?	Yes _____ No _____	Document Camera (ELMO)	_____
How many? _____		Internet Access	_____
Style Preferred: _____	Stick on _____	Microphone:	_____
	Plastic badges with pin backs _____	Lavaliere	_____
ADA - Please indicate any accommodations that will be required for conference participants with disabilities:	_____	Hand Held	_____
		Other:	_____

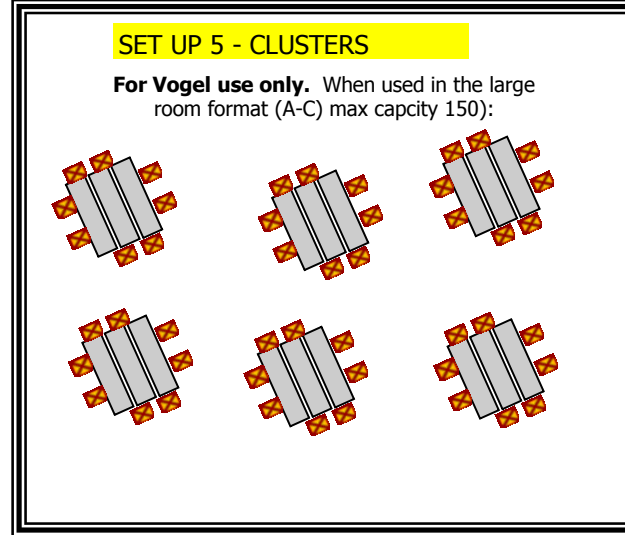
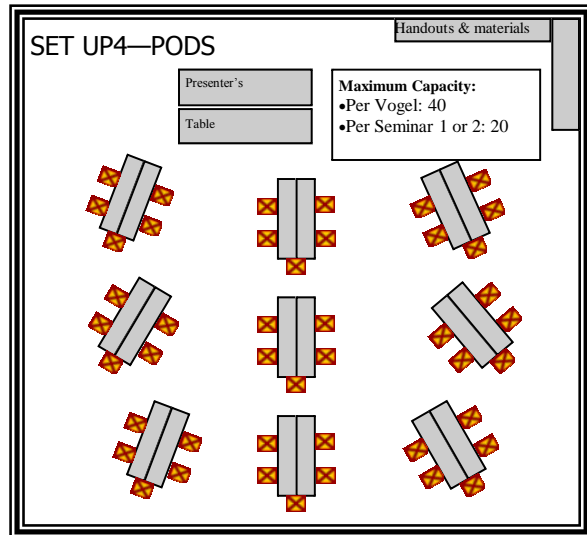
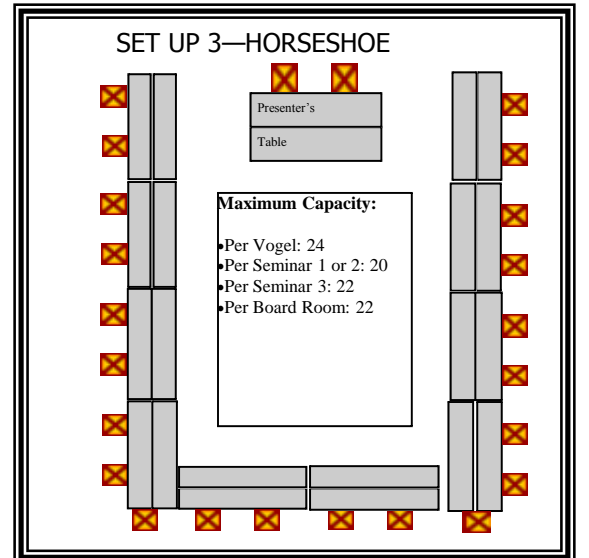
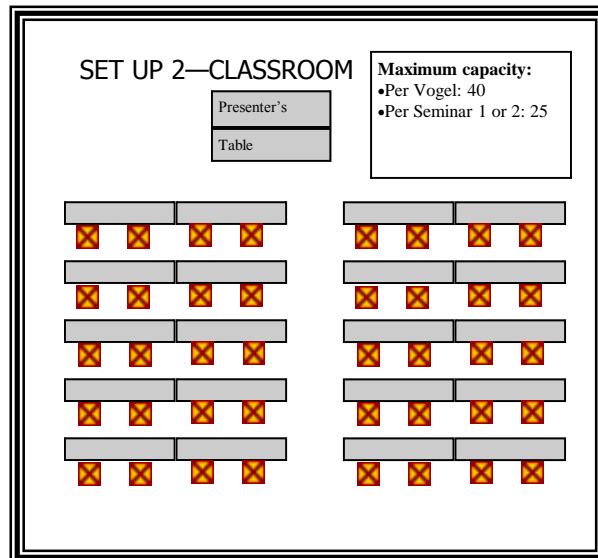
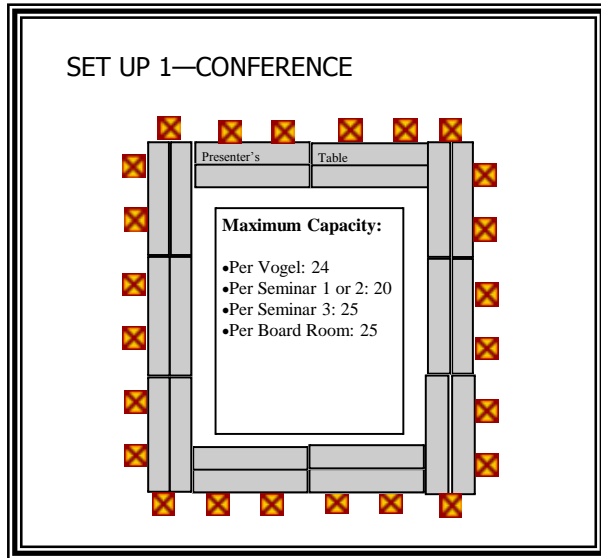
This information must be completed prior to return.

Please indicate set up information on the next page

DATE:

ROOM:

EVENT TITLE/TIME:



GUIDELINES FOR ROOMS:

- Each room will have an easel, whiteboard, projection screen, a basket of markers, a coat rack, and trash cans.
- There will be one registration table in front of each Vogel Room and one registration table between Seminars 1 and 2.
- There will be at least one table for food behind each Vogel and Seminar room in the back service hall.
All food must be served from these tables.
- Rooms will have a cork strip running along the walls. You **MUST** use Blue Painters Tape to affix posters/paper to the walls.

- 1.) Please indicate the room set up that will best facilitate your event: _____
- 2.) For a special set up (E), please describe the set up in the notes portion below and/or draw a diagram in the special set up box.
- 3.) If using Vogel A or Seminar 2, please indicate desired location for the presenter's area as there are two walls that house projection screens. *If you use Seminar 2 with more than one room it is recommended that you use the Service Hall wall for the presenter area.

NOTES: (please indicate special set up needs)
