Retreat Setup & Final Planning Sheet

Group Name: _____ **Arrival:** _____ **Departure:** _____

Onsite Lead: _____ **Cell Phone:** _____ **Leader Arrival Time:** _____

Provide for Geneva at least 2 weeks prior to event:

○ Lodging List ○ Agenda ○ Dietary Restrictions ○ Meeting Space Setup (specify below)

Meeting Space(s) Set Up Details:

Please note not all set up options are available in every meeting space. If your group is using more than two rooms, please fill out and include an additional form with those details.

Meeting Space: _____
Set Up Style: _____
# of Chairs: _____
# of Tables: _____
A/V (if applicable):

- ○ Microphone(s) _____
- ○ Screen
- ○ Instrument Hookup(s) _____
- ○ Keyboard
- ○ Music Stand(s) _____

Other

- ○ Podium
- ○ _____
- ○ Whiteboard
- ○ _____
- ○ Registraion Tables ____

Meeting Space: _____
Set Up Style: _____
# of Chairs: _____
# of Tables: _____
A/V (if applicable):

- ○ Microphone(s) _____
- ○ Screen
- ○ Instrument Hookup(s) _____
- ○ Keyboard
- ○ Music Stand(s) _____

Other

- ○ Podium
- ○ _____
- ○ Whiteboard
- ○ _____
- ○ Registraion Tables ____

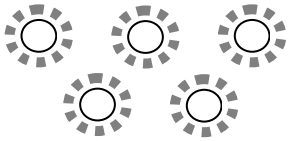
Setup Style Examples:

Row Setaing

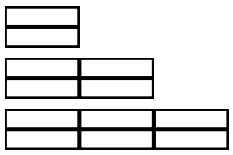
*with or without an aisle

Cicle of Chairs

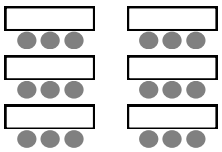
Round Tables + Chairs



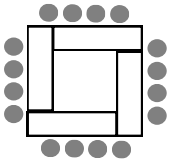
Long Tables in Pods (2, 4, or 6)



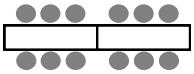
Classroom Style



Square Conference



Tables in Rows



Other
(please include a map of your desired set up)

Meals:

Please circle preferred meal start times:

Breakfast 7:30am 8:00am 8:30am
Lunch 12:00pm 12:30pm
Dinner 5:00pm 5:30pm 6:00pm
Snack & Beverage Times (if contracted): _____

We will do our best to accomodate your preferred meal start times, however we may need to adjust. We will communicate changes to you.

Meal Counts:

All Meals: _____

If guest counts vary with each meal, please note below

Breakfast: _____
Lunch: _____
Dinner: _____

Please complete Dietary Restrictions sheet for all guests requiring special diets including allergies, intolerances, and diets.

GENEVA