

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 _____

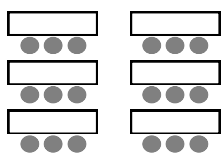
Setup Style Examples:

Row Setaing



*with or without an aisle

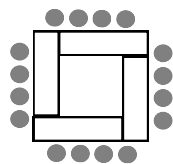
Classroom Style



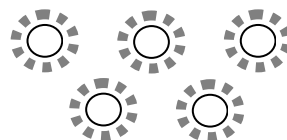
Cicle of Chairs



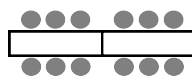
Square Conference



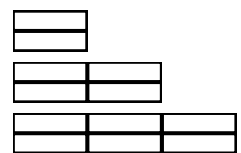
Round Tables + Chairs



Tables in Rows



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



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.