



Snohomish County Tourism Bureau Event Planning Checklist

	Person Assigned	Due Date
Housing		
Determine dates		
Select facility or hotel		
Reserve rooms and meeting space		
Determine prices in order to complete registration forms		
Transportation		
Select airport shuttle service		
Rental cars required?		
Additional tour transportation needed?		
Food & Beverage functions		
Select any appropriate themes		
Select menus for:		
breakfast		
lunch		
breaks (am and pm)		
dinner		
receptions		
hospitality suites		
staff room refreshments		
Room Setup		
Classroom		
Theater		
Conference		
Banquet		
Crescent Rounds		
U-Shape		
Hollow Square		
Head table needed?		
Registration table needed?		
Placement of audio/visual equipment		
Staging?		
Equipment Needs		
Audio/visual		
Equipment rental		
Decorations		
Podium? With or without microphone		
Flip charts/pads/easels		
White boards		
Risers		



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	Person Assigned	Due Date
Printed Materials		
Programs		
Signage		
Name badges		
Flyers		
Critique forms		
Promotions & Publicity		
Press releases		
Press coverage		
Speakers		
Fees and expenses		
Audio/visual needs		
Introduction materials (resume, etc.)		
Who will make their reservations?		
VIP welcome baskets?		
Entertainment		
Off-site tours		
Recreational activity listings		
Musicians, singers, magicians, comedians?		
Local events or festivals		
Exhibits		
Select exhibit management company		
Secure space requirements		
Discuss electrical needs/capabilities of facility		
Companion Program Tours		
Shopping		
Speakers program		
Golf or tennis tournaments		
Exhibits		
Clerical needs:		
Postage		
Decorations		
Registration assistance		
Conference material		
Photographer		
VIP baskets		
Onsite liaison		
Communication during conference		



Snohomish County Tourism Bureau Site Inspection Checklist

Essential Information

Date of Site Inspection _____

Facility _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

General Mgr _____

Sales Mgr _____

Director of:

Sales _____

Catering _____

Convention Services _____

Year property constructed: _____

Last renovation for: _____

Sleeping Rooms Year: _____

Suites Year: _____

Meeting Rooms Year: _____

Restaurants Year: _____

Lobby Area Year: _____

Other _____ Year: _____

Overall appearance of property:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: _____

Front Desk

Concierge or Guest Services: ☐ Yes; ☐ No

☐ Reader Board; ☐ Business Center

Meeting rooms: _____; # Restrooms: _____

Check-in time: _____; Staffing: _____

Appearance: _____

Accommodations

Number of rooms on property: _____

Singles _____; Twins _____; Doubles _____

Queens _____; Kings _____

Parlors _____

One-Bedroom Suites _____

Two-Bedroom Suites _____

Other _____

Non-smoking Rooms _____

Rooms for physically impaired:

Kings/Doubles _____; Queens _____; Suites _____

Meet ADA requirements? ☐ Yes ☐ No

Complimentary room policy? ☐ Yes ☐ No

Sprinklers in rooms? ☐ Yes ☐ No

Smoke alarms in rooms? ☐ Yes ☐ No

Emergency lights? ☐ Yes ☐ No

Hall lighting adequate? ☐ Yes ☐ No

Exits clearly marked? ☐ Yes ☐ No

Walls soundproof? ☐ Yes ☐ No

Concierge / VIP Club Level ☐ Yes ☐ No

Local phone charge policy/cost: _____

Long distance policy/cost: _____

Internet in room? ☐ Yes ☐ No

How many phones in room? _____

Is there a desk with lighting? ☐ Yes ☐ No

Rates

Meeting Date: _____

Singles \$ _____; Doubles \$ _____;

Queens \$ _____; Kings \$ _____

Parlors \$ _____

One-Bedroom Suites \$ _____

Two-Bedroom Suites \$ _____

Other: _____ \$ _____



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Public And Meeting Space

Meeting lighting controls? ☐ Yes ☐ No
Lighting adequate? ☐ Yes ☐ No
Tracks for spot lighting? ☐ Yes ☐ No
Space temperature control? ☐ Yes ☐ No
House sound system? ☐ Yes ☐ No
Can we connect to house sound? ☐ Yes ☐ No
Air walls: Single ☐; Double ☐
Do they block sound? ☐ Yes ☐ No
Obstructions? _____

Internet access in meeting space? ☐ Yes ☐ No
Wireless Internet connection? ☐ Yes ☐ No
Fee for Internet connectivity? ☐ Yes ☐ No
Access for physically impaired? ☐ Yes ☐ No

Meeting/Banquet Space

Date: _____
Event: _____
Room: _____
Total sq. ft. _____; Length x Width: _____' x _____',
Ceiling height: _____ft.
Comments: _____

Date: _____
Event: _____
Room: _____
Total sq. ft. _____; Length x Width: _____' x _____',
Ceiling height: _____ft.
Comments: _____

Date: _____
Event: _____
Room: _____
Total sq. ft. _____; Length x Width: _____' x _____',
Ceiling height: _____ft.
Comments: _____

Parking

Onsite Parking Fee? ☐ Yes ☐ No \$_____
Off-site Parking Fee? ☐ Yes ☐ No \$_____
Valet Parking? ☐ Yes ☐ No Fee? \$_____

Other Information

Emergency hotel phone: _____
Nearest hospital or emergency clinic: _____

CPR-trained personnel? ☐ Yes ☐ No
Hotel security staff and procedures: _____

Check cashing limit: \$_____ ID Req? ☐ Yes ☐ No
Photocopying? ☐ Yes ☐ No
Child care? ☐ Yes ☐ No
Valet/Concierge service? ☐ Yes ☐ No
Laundry schedule: _____
Room service hours: _____

Recreational Facilities

Onsite fitness center? ☐ Yes ☐ No
Nearby health club? ☐ Yes ☐ No Fee? \$_____
Pool: ☐ Yes ☐ No; ☐ Indoor; ☐ Outdoor
Hot Tub/Jacuzzi: ☐ Yes ☐ No; ☐ Indoor; ☐ Outdoor
Spa: ☐ Yes ☐ No; Services/Fees: _____

Facility Evaluations

Strengths: _____

Weaknesses: _____

Comments: _____

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or composition paper. The background is white, and there are no margins, text, or other markings present.