

Conference Room Setup BEO Sheet

Event Name		Event Date	
Event Time		Room Name/No.	
Organizer		Contact	

Room Setup Details

Setup Style		No. of Guests	
Tables		Chairs	
Stage/Podium		Registration Table	

Audio Visual Requirements

Projector/Screen	
Microphone(s)	
Speakers/Sound	
Other (e.g., Flipchart, Laptop)	

Food & Beverage

Menu	
Service Time	
Dietary Notes	

Additional Notes / Instructions

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