

# 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