MEAL ACTIVITIES PLANNING FORM

Please submit to the Alumnae Association by February 28, 2009 Please complete one form for each meal

Class of ____________________ Meal day and date _______________________

Meal location & time
Please include cocktail location as applicable

MEAL CHAIR CONTACT
Name ___________________________ Email ___________________________
Address __________________________ Phone ___________________________

DINING ROOM CONFIGURATIONS
Each dining room will have a registration table at the entrance. This is for the meal chair, or her designee, to check names as attendees enter to be sure they are paid.

Plan on seating eight people per table. Some dining rooms have round tables, while some have rectangular tables, and can be interchanged depending on the number attending the event. This information will help in ordering centerpieces and planning decorations.

- Alumnae House .......................................... rectangles
- Campus Center Carroll Room ........................... rounds
- Campus Center 103/104 ................................ rectangles
- Cutter/Ziskind ................................................... rounds
- Davis Ballroom........................................... rounds or rectangles*
- King/Scales .................................................. rectangles
- Lamont ............................................................. rounds
- Neilson Browsing Room .................................... rounds
- Smith College Club ........................................... rounds
- Tyler ................................................................. rounds
- * will be determined by college staff based on number registered

ROOM/TABLE SETUP & PROGRAMMING INFORMATION
Centerpieces must be delivered to the meal venue by 4 p.m. on the day of the event. The AASC strongly suggests using the same arrangements throughout the weekend; college staff will move them between venues.

Please indicate who will deliver the centerpiece arrangements:
By (vendor, classmate, etc.) ___________________________ Phone ___________________________

Will you need a head table?  □ Yes  □ No (set for 8 people)

Additional details (room set up, centerpiece moves, etc.) ___________________________

Please provide a brief program description, i.e. “speaker after lunch from 1:15 to 1:45;” “singing group will perform from 7 to 7:30 and will need floor space in corner of room to perform,” etc. ___________________________

Support needs:\n□ Podium/Microphone □ PC or Mac laptop (circle preference) □ Slide projector/screen
□ Boombox/CD Player □ Transparency (overhead) projector/screen □ Easel and pad
□ MP3 Player/speakers □ Digital projector/screen
□ Other (please describe) ___________________________

† please note that additional equipment may be unavailable from on-campus sources and may need to be rented.