

Booked Show Checklist

Event: _____ **Event #** _____
Location: _____
Date(s): _____

Action	Completed
Contract signed	<input type="checkbox"/>
Credit Check completed	<input type="checkbox"/>
Booking Report fully completed	<input type="checkbox"/>
Job Number assigned	<input type="checkbox"/>
Operations Files completed	<input type="checkbox"/>
Set Up Event Email Box	<input type="checkbox"/>
Store Room reserved	<input type="checkbox"/>
Store Room Phones Ordered	<input type="checkbox"/>
Venue Contact established	<input type="checkbox"/>
Senior crew selected and notified	<input type="checkbox"/>
Speaker Ready Room reserved	<input type="checkbox"/>
Screen masking requirements checked	<input type="checkbox"/>
Ceiling heights and chandeliers considered	<input type="checkbox"/>
Radios ordered	<input type="checkbox"/>
Cell phones ordered	<input type="checkbox"/>
Security ordered	<input type="checkbox"/>
Walk-in music and logos discussed w/ client	<input type="checkbox"/>
Power requirements ordered	<input type="checkbox"/>
Clearcom requirements discussed / ordered	<input type="checkbox"/>
Telephones ordered	<input type="checkbox"/>
Exhibitor Services desk arranged	<input type="checkbox"/>
Crew Badges & Parking arrangements ordered	<input type="checkbox"/>
Crew Meal Plans discussed and agreed upon	<input type="checkbox"/>
Dock Space for trucks ordered	<input type="checkbox"/>
Freight Elevator space reserved	<input type="checkbox"/>
Union Regulations reviewed	<input type="checkbox"/>
Load-in and Load-out times confirmed	<input type="checkbox"/>
Facility advised of our requirements	<input type="checkbox"/>
Room diagrams created	<input type="checkbox"/>
Fire Diagrams created	<input type="checkbox"/>
Production Schedule created/distributed	<input type="checkbox"/>
Flow sheets created	<input type="checkbox"/>
Scissor Lifts and/or ladders ordered	<input type="checkbox"/>
Carpet remnants/Cable Ramps ordered to cover cables	<input type="checkbox"/>
Equipment ordered with backup gear	<input type="checkbox"/>
Audio / Video Recording by outside vendor arranged	<input type="checkbox"/>
Labor ordered	<input type="checkbox"/>
Rigging requirements defined & ordered	<input type="checkbox"/>
Riggers ordered	<input type="checkbox"/>
PO's Issued	<input type="checkbox"/>
Op crew advised of dress code	<input type="checkbox"/>
General Session Set photographed	<input type="checkbox"/>
Flights booked	<input type="checkbox"/>
Hotel rooms booked	<input type="checkbox"/>
Invoice Sent	<input type="checkbox"/>
Revenue and preliminary Job cost entered	<input type="checkbox"/>
Final job cost entered 90 days after show	<input type="checkbox"/>
Other _____	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Back-up Gear NO CHARGE	<input type="checkbox"/>
Schedule Camera/Screen Black Time	<input type="checkbox"/>
Add Tensor Lamps everywhere	<input type="checkbox"/>
Add Cable Coverings	<input type="checkbox"/>
Account for tape stock and back-up decks	<input type="checkbox"/>
Account for Method of Power tie-in	<input type="checkbox"/>
Ask for Walk-in looks for screens	<input type="checkbox"/>
Add Humbuckers everywhere	<input type="checkbox"/>

Signature

Date