



# Memorial Hall/Lowell Hall

Office for the Arts at Harvard

45 Quincy Street | Cambridge | Massachusetts 02138 | T Production Office 617 495 5595 | F 617 495 2420 | [www.fas.harvard.edu/~memhall](http://www.fas.harvard.edu/~memhall)

## ANNENBERG HALL TECHNICAL REQUIREMENTS FORM

### EVENT INFORMATION

Primary Contact Name: \_\_\_\_\_

Presenting Organization (if any): \_\_\_\_\_

Event Day/Date(s): \_\_\_\_\_

Event Title (as publicized): \_\_\_\_\_

Description of Event: \_\_\_\_\_

Number of Attendants: \_\_\_\_\_

Times: Set up begins (contract start time) \_\_\_\_\_ Guest Arrival \_\_\_\_\_  
(between 8am-1am)

Event Start \_\_\_\_\_ Event End \_\_\_\_\_ Breakdown ends \_\_\_\_\_  
(contract end time)

Please describe any other timing details deserving note: \_\_\_\_\_  
\_\_\_\_\_

**Arrival time must be coordinated with Crimson Catering and approved by the Production Manager.**

### DELIVERY INFORMATION

Equipment/Items to be delivered:	Who is delivering:	Delivery Date and Time:	Pick Up Date and Time:

**All deliveries must be arranged in advance and approved by the Production Manager.**

**FACILITY INFORMATION**

Other Memorial Hall spaces in concurrent use with this event: \_\_\_\_\_  
\_\_\_\_\_

**Please complete a separate Technical Requirements Form for any activity contracted for Sanders Theatre.**

Special Security Requests: \_\_\_\_\_

Fire Detail Requests\*: start time: \_\_\_\_\_ end time: \_\_\_\_\_  
\*All open flame requires fire detail

Special Considerations: \_\_\_\_\_  
\_\_\_\_\_

Room Set Up: Equipment	Available	Quantity Needed
Oak Tables (102 available total)	102	_____
Chairs (612 available)	612	_____
Grey Folding Tables (2.5'x6')*	12	_____
Wenger Risers (4'x6') [8" or 16" legs]*	2	_____
Music Stands*	75	_____
Conductor's Podium*	1	_____
Lectern*	1	_____
Chalkboard*	1	_____

\*Equipment shared by Sanders Theatre. Availability may be determined by Sanders Theatre schedule.

**Table/chair configuration must be approved by the Production Manager and Crimson Catering. Production Manager will coordinate and supervise table moving with professional movers.**

**RECORDING INFORMATION**

Will this event be recorded? \_\_\_\_\_

What format (audio, video, both)? \_\_\_\_\_

**If you plan to record this event, you must fill out the Recording Application Form, available through the Administrative Office, and have it approved by the Production Manager. Charges may apply.**

### CONTACT INFORMATION

	Name	Phone	Cell Phone	Fax	Email
Presenting Organization					
Primary Contact					
Secondary Contact					
Event Manager/ Stage Manager					
Crimson Catering Contact		617.496.6000		617.496.6722	
Audio Visual Supplier					
Sound Supplier, if different					
Lighting Designer					
Lighting Supplier					
Rental Equipment Supplier					
Recording Engineer					
Other important contacts:					