

## Day-Of Logistics Sheet (Form B)

**COMMISSION ON DISABILITIES Event Logistics & Coordination Sheet** *(To be distributed to attendees 1 week prior to event)*

**Event Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CRITICAL ACCESS INFO (The "Getting In" Plan)

1. **Is this event open to the public?** ☐ Yes ☐ No

2. **Is a Ticket/Pass Required?** ☐ Yes ☐ No

3. **If a Ticket/Pass is needed, where is it?**

☐ Digital Ticket (Emailed to: \_\_\_\_\_)

☐ Physical Badge (Held by: \_\_\_\_\_)

☐ Will Call Window (Under name: \_\_\_\_\_)

4. **Meeting Point:** (e.g., "North Gate," "Lobby Info Desk") \_\_\_\_\_

5. **Arrival Time:** \_\_\_\_\_

6. **Parking Instructions** (Lot location / Cost / Code): \_\_\_\_\_

- **Accessibility Map:** (Do we have a map of accessible restrooms/parking for the venue?) ☐ Yes ☐ No

### ON-SITE COORDINATION

**Lead Commissioner:** \_\_\_\_\_

**Lead Commissioner Cell Phone:** \_\_\_\_\_

**Event Host/Staff Contact:** \_\_\_\_\_

### MATERIALS NEEDED (Please check "Yes" only if the item must be brought to the event.)

☐ Yes ☐ No **Table:** (Who is bringing it?) \_\_\_\_\_

☐ Yes ☐ No **Chairs #** \_\_\_\_ : (Who is bringing them?) \_\_\_\_\_

☐ Yes ☐ No **Tablecloth:** (Who is bringing it?) \_\_\_\_\_

☐ Yes ☐ No **Brochures:** (Who is bringing them?) \_\_\_\_\_