

# MN DMA PRELIMINARY MEETING CHECKLIST

Meeting Planner: (Name) \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Objectives/Desired Outcomes: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_

Expected number of attendees: \_\_\_\_\_

**Notification to Participants**

When will they be notified?

\_\_\_\_\_

How will they be notified?

\_\_\_\_\_

**Notification to Speakers**

When will they be asked?

\_\_\_\_\_

How will they be asked?

\_\_\_\_\_

Agenda Completed:       YES  NO

Speaker:	Topic:	Handouts
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Physical Arrangements**

Do any contracts have to be signed (*check all that apply*)? ( ) YES ( ) NO

- ( ) Hotel/meeting facility
- ( ) Audio-Visual Equipment
- ( ) Speakers
- ( ) Meals
- ( ) Refreshments
- ( ) Other: \_\_\_\_\_

If yes, by when: \_\_\_\_\_

By whom: \_\_\_\_\_

Notes: