## Day of Show

EVENT DATE:	<u>EV</u> ENT NAME:
EVENT LOCATION:	ORGANIZAON/DEPARTMENT:

TIME	ACTION/ACT/SPEAKER# OF MEMBER	S AUDIO	PROJECTOR	LIGHTING

TIME	ACTION/ACT/SPEA	KER OF MEMBERS	AUDIO	PROJECTOR	LIGHTING

TIME	ACTION/ACT/SPEA	KER OF MEMBERS	AUDIO	PROJECTOR	LIGHTING

