

EQUIPMENT CHECKLIST

Workshop Title _____ Date(s) _____

Location _____ Phone Number _____

Number of Participants _____

Check	Equipment
<input type="checkbox"/>	Overhead projector and extra bulb
<input type="checkbox"/>	Screen or blank white wall
<input type="checkbox"/>	VCR/DVD player
<input type="checkbox"/>	Video camera and cords
<input type="checkbox"/>	LCD projector and cords
<input type="checkbox"/>	Slide projector
<input type="checkbox"/>	Laptop computer and cords
<input type="checkbox"/>	Classroom Performance System
<input type="checkbox"/>	Extension cord/Electrical strip
<input type="checkbox"/>	Cassette/CD player
<input type="checkbox"/>	Three-prong adaptor
<input type="checkbox"/>	Flipchart stand (how many? _____)
<input type="checkbox"/>	Stop Watch
<input type="checkbox"/>	Office materials (stapler, scissors, 3-hole punch, etc)
<input type="checkbox"/>	Extra batteries