Critical Contact Numbers for Event Management

Date: [Insert Event Date]

Event: [Insert Event Name]

Emergency Contacts

- Emergency Services: 911
- Local Hospital: [Insert Hospital Name] - [Insert Phone Number]
- Fire Department: [Insert Fire Department Phone Number]
- Police Department: [Insert Police Department Phone Number]

Event Management Team

- Event Coordinator: [Insert Name] - [Insert Phone Number]
- Logistics Manager: [Insert Name] - [Insert Phone Number]
- Security Officer: [Insert Name] - [Insert Phone Number]

Vendor Contacts

- Catering: [Insert Vendor Name] - [Insert Phone Number]
- AV Services: [Insert Vendor Name] - [Insert Phone Number]
- Decor Rentals: [Insert Vendor Name] - [Insert Phone Number]

Transportation

- Taxi Services: [Insert Taxi Service Name] - [Insert Phone Number]
- Public Transit: [Insert Local Transit Information]

Please keep this document handy during the event.