Event Name**					
Date & Time**					
Location**					
Host Department(s)/ Club(s)/Organization(s)**					
Event Coordinator/Team					
Target Audience Select all that apply	☐ Undergraduate Students	☐ Graduate Students	☐ Faculty/ Staff		
	□ Alumni	☐ Prospective Students	☐ General Public		
Estimated # of Attendants					
Event Description					
Goals & Learning Outcomes	•				
LO #1					
LO #2					
LO #3					
BUDGET					
Available Budget (list all funding sources for this event)					
(list all funding sources for this ex- Source (club/department/grant name)	Account Number	Amount (\$\$\$)			

Budgeted Expenses (list all expected expenses for this event) Expense Estimated Cost Location Actual Cost TOTAL TIMELINE ASAP Status To-Do Item Point Person 6 Weeks out: ADD DATES HERE Status To-Do Item Point Person 5 Weeks out: ADD DATES HERE Status To-Do Item Point Person 4 Weeks out: ADD DATES HERE Status To-Do Item Point Person 3 Weeks out: ADD DATES HERE Status To-Do Item Point Person								
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EVENT	DETA	ILS	
RESERVA	TIONS		
		NOTES	
ROOM			
CATERIN	NG		
TECH			

DAY - OF AGENDA & SUPPLIES

SUPPLIES CHECKLIST

EVENT LAYOUT

AGENDA

POST- EVENT REFLECTION

- 1. How many people attended?
- 2. How did guests/attendees benefit from attending this event?
- 3. What worked well in the creation, planning and implementation of this event? (coordination of logistics)
- 4. What worked well in meeting the program goals? (program design/activities)
- 5. What can/should be improved if this program were to be implemented again?

^{*}In an effort to help with future planning it is suggested that a completed copy of this form be kept as part of your organization's/department's records*