EVENT PLANNER

		EVENI	<u> PLANI</u>	NEK			
Date: / /	/ / Time: - Day o			Week : Sun - M - T - W - R - F - Sat			
Group Calendar Upo	lated?	yes		no		N/A	
Event Title:							
Event Tagline:							
Event Description:							
C			Th	_			
Suggested Attire:			Theme	:			
Location, Transportation & Risk Management							
*7					_	0	
Venue: Will Alcohol Be Pres	an49 xx26	no Dogi	atoud In	Advana	Reserved	,	
Special Transportati	J		o Detai		e if Needed	?: yes no N/A	
Speciai Transportati	on Kequi	ieu: yes i	io Detai	15.			
		Fin	ances				
			<u>-</u>	_			
Items Required for E					ated Cost	Actual Cost (\$,	
(i.e. food, eating ware, equipment, transportation, etc.):				(\$, fre	e, donated)	free, donated)	
		T =	TOTAL				
Direct Cost Per Pers	on: \$	Indirect	Costs Per	r Persor	1: \$		
		<u>Atte</u>	<u>ndance</u>				
Estimated Attendance	·e·	Min. Atte	ndance.		May Att	tendance:	
Actual Attendance C		wiiii. Atte		Total C		emanee.	
Guest(s):					Invitations	? yes no N/A	
Guest Arrival Time:			Thank Y	You Iter	n Procured		
							
<u>Programming Committee Members</u>							
Director/Point-Perso	n:		Event I	MC:			
Facilitators, planners							
/ =							

News Writer:

Photographer:

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<u>Itinerary</u>

Time:	Activity / Action / Speaker:	Location:
	Set-up Crew:	
	Members'/Participants' Arrival Time	
	Clean-up Crew:	
	Cicaii-up Cicw.	

Post- Event Evaluation

Event Evaluation: Use this space to identify what aspects of the program were successful, and which need improvement. Also, use this section to pass on advice to the next group of planners based on your personal successes or struggles. You can make simple suggestions (time or day changes) or qualitative comments (how well the event was received by the attendees).