



## Event Report

SCAVMA Chapter: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Event Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Event Description:** (Tell us about your event! What were the highlights? How was the participation? What worked? What didn't work? Dollars raised? If someone was trying to create a similar event, what suggestions would you have for them.)

Submit to: Claire McPhee, Global and Public Health Office  
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