Event Management ER Diagram [Group 35] Roll Number E-mail <u>E-mail</u> First Name First Name Student Type Name Phone Number Phone Number Last Name Stall owner Sponsor Number In-kind Last Name Type of Sponsorship Stall ID OC manage Type Stall Sponsor OC_ID Location No_sponsors_contacted Volunteer_ID End Time Organise Sponsors Phone Number First Name E-mail Start Time Visit OT Requirements Venue OT_ID DOB Volunteer Type (Budget Event Organize E-mail Attendees Assist <u>Event</u> <u>Number</u> Date School/College Name Phone Number 1st No_participants_contacted Registration ID Participant Non-Participant