

Event Evaluation Form

In order to help future events and students in your position, please complete this form as soon as possible after the end of your program. If you would like, return a copy of this form to CSC and we will keep it on file for the future.

Program title: _____

Day of week: mon tue wed thu fri sat sun

Program date: _____

Location: _____

Program time: _____

Student contact: _____

Student e-mail: _____

Student phone: _____

Student signature: _____

Organization: _____

REPORT OF EVENT:

Which of the following methods of marketing did you utilize for this event (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Posters/Flyers | <input type="checkbox"/> Digital Signage | <input type="checkbox"/> Announcements at Senate meetings |
| <input type="checkbox"/> ProfLinks | <input type="checkbox"/> TV Station | <input type="checkbox"/> WGLS |
| <input type="checkbox"/> RTN | <input type="checkbox"/> Pit Poster | <input type="checkbox"/> Rowan Announcer |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Novelty Giveaway | <input type="checkbox"/> Other _____ |

What services did you contract out for this event (check all that apply):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Electrician | <input type="checkbox"/> Custodial/Facilities |
| <input type="checkbox"/> Public Safety | <input type="checkbox"/> AV/TECH/SUP | <input type="checkbox"/> Tickets |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Other _____ | |

What was the weather at the time of your event? _____

How many people came to your event: _____ Was this more, less, or just what you expected? _____

What were accomplishments and weaknesses of this event?

Any contracted vendors you would recommend avoiding for the future? Why?

What recommendations would you have for future planners of a similar event?

BUDGET REVIEW:

Total Expenses: _____

Total Revenues and Sales: _____

Other Income/Funding: _____

Net Profit/Loss: _____