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 signature:**

**Organization:**

**REPORT OF EVENT:**

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

- [ ] Posters/Flyers
- [ ] Digital Signage
- [ ] Announcements at Senate meetings
- [ ] ProfLinks
- [ ] TV Station
- [ ] WGLS
- [ ] RTN
- [ ] Pit Poster
- [ ] Rowan Announcer
- [ ] Other __________

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

- [ ] Food Service
- [ ] Electrician
- [ ] Custodial/Facilities
- [ ] Public Safety
- [ ] AV/TECH/SUP
- [ ] Tickets
- [ ] Lights
- [ ] 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: ________________