EVENT NUMBER:_____

DATE:
TIME:
LOCATION:
ADDRESS:

1. BACKGROUND: *(the event start-up, who is conducting the event, who is supporting the event, what were your past / present goals for this event)*

2. POINTS OF CONTACT:(*Include all your POCs involved in any and all aspect of the event. This list should be updated throughout the year)*

NAME	ACTIVITY	ORGAN	CONTACT INFORMATION