

PRE-PROGRAM FORM

Today's Date: _____

Event Planning Team:

_____	_____
_____	_____
_____	_____
_____	_____

Goals: _____

Title of Program: _____

Date & Time of Program: _____

Location: _____

Target Audience: _____ Attendance Goal: _____

Program description: _____

Advertising Plan: _____

Things to Do: _____

Guest/Speakers: _____

Supplies: _____

Food/Refreshments: _____

Check Advance Request: _____

Register event with Facilities: _____

Register event in Student Center EMS: _____