Fill out this form after the event date. The purpose of this form is to aid you in reflecting on the outcomes of your event and determine possible improvements for the future. It may be useful to have your *Event Planning Form* at hand while filling out this form.

Please email a copy of the completed form to the E-IDEAS Coordinator at [eideas@apsc.ubc.ca](mailto:eideas@apsc.ubc.ca) within 2 weeks after the event date.

# Overview

|  |  |
| --- | --- |
| Student Group Name | Click or tap here to enter text. |
| Organizer Name(s) | Click or tap here to enter text. |
| Title of Event | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Time | Click or tap here to enter text. |
| Location | Click or tap here to enter text. |

# Motivation

|  |
| --- |
| Review your purpose and goals set out in the *Event Planning Form.*  Did your event achieve these? Why or why not? |
| Click or tap here to enter text. |

# Event Logistics

Review your event logistics and results. The answer the following questions.

|  |
| --- |
| Did your venue work? Is there another location that would be better to hold a similar event? |
| Click or tap here to enter text. |

|  |
| --- |
| If this event was done in collaboration with another organization, how did that work out?  Would you approach the same organization again for future collaborations? Why or why not? |
| Click or tap here to enter text. |

|  |
| --- |
| What are some other takeaways from this event? |
| Click or tap here to enter text. |

# Attendees

|  |
| --- |
| What was the actual number of attendees? What external factors may have affected the event turnout (i.e., bad weather, major campus event at the same time, etc.)? |
| Click or tap here to enter text. |

# Promotion & Advertising

|  |
| --- |
| Was their adequate advertisement for this event? What would you differently next time? |
| Click or tap here to enter text. |

# Final Budget Breakdown\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Supplier** | **Cost (CAD)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Cost** | | |  |

\*If more space is required, attach a separate document with a table that contains the above headings

# Final Thoughts

|  |
| --- |
| If you had to repeat the planning process, what would you do differently? What did you wish you knew at that stage? What resources did you wish you have access to? |
| Click or tap here to enter text. |

|  |
| --- |
| Would you recommend hosting this event again in the future to your student group? Why or why not? |
| Click or tap here to enter text. |

|  |
| --- |
| Additional Comments |
| Click or tap here to enter text. |