



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Event Summary Form

Student Organization Name:
Individual Submitting Report:
Student or Club Email:

Event Name: _____

Event Date: _____

Number of Participants: _____

1. Description of the event:

2. What was the goal of your event?

3. Did you work with another organization(s) or departments? If so, who and what was their role?

4. When did you start planning the event? _____

5. Did you achieve the goals of your event?

6. Were there any complications in planning/executing the event?

7. Would you recommend that your group repeats this activity? If so, what advice would you give to next year's group to improve the event?
