

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
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