The University of Scranton Alumni Society
Post-Event Plan
(To be completed by Event Chairperson or Designee)

Chapter ________________________________________________

Name of Event ___________________________________________ Admission $ ______

Date Held __________________________ Weather Conditions ______________________________________

Name of Facility or Hall ___________________________________________________________

Address ____________________________________________________________

Phone # __________________________ Contact Person ________________________________

Attendance Information

Type/Description of Event __________________________________________________________

Attendance: Alumni ___________ Guests ________ By Gender M _______ F ________

Count by Class _________________________________________________________________

Pre-Event Planning

Were invitations used? Yes ☐ No ☐ When did people receive them? ________________
(Attach sample)

When was layout and information submitted to Alumni Office or Printer? ______________

Were reservations required? Yes ☐ No ☐ Deposit required? Yes ☐ No ☐

If reservations were required, how many were received by the published deadline __________

Was there a post-invitation follow-up device? Mail Reminder ☐ Phone Reminder ☐ Other ______

Publicity: Was event publicized before the invitations were issued? Yes ☐ No ☐

Describe and give timing ________________________________________________________

(over)
Social Evaluation

Overall the Event was

<table>
<thead>
<tr>
<th>Excellent □</th>
<th>Good □</th>
<th>Passable □</th>
<th>Below Par □</th>
</tr>
</thead>
</table>

Component Rating

- Facility
- Food
- Beverages
- Music
- Program
- University Update
- Committee Performance
- Alumni Office Support
- Other

Financial Evaluation

(Attached Financial Report)

Profit $ _________

Loss $ _________

Subsidies Received:

- Alumni Office $ _________
- Kind _________
- National Society $ _________
- Kind _________

General Evaluation

Should this affair be repeated? Yes □ No □ Maybe □

Should there be an opinion survey of attendees? Yes □ No □

Did this event generate favorable publicity for the University and/or the Chapter Yes □ No □

Describe: __________________________________________________________

Comments and Suggestions

(Attach a separate sheet)

Event Committee ____________________________

Prepared by ____________________________

Phone No. ____________________________

Title/Position ____________________________

Date submitted ____________________________

Alumni Office, The University of Scranton, Scranton, PA 18510-4624 (570) 941-7660