SECTION I – ORGANIZATIONAL

1. ORGANIZATION NAME: ________________________________

2. PROGRAM/ACTIVITY TITLE: ______________________________

3. DATE: ___________ TIME: _______ LOCATION: ______________

4. TYPE OF PROGRAM: _______________________________________

5. WHO WAS THIS PROGRAM GEARED TO? (I.E. ALL LAW STUDENTS, CAMPUS COMMUNITY, OFF CAMPUS COMMUNITY, ETC.): ___________________________________________

SECTION II- ADVISORY

1. DESCRIBE THE PROGRAM.

_____________________________________________________________________

2. WHAT WERE YOUR OVERALL GOALS FOR THE EVENT? (PLEASE ELABORATE)

_____________________________________________________________________

3. WOULD YOU CONSIDER THE EVENT A SUCCESS? (PLEASE ELABORATE)

_____________________________________________________________________
SECTION III- COST EFFECTIVENESS

1. APPROXIMATE NUMBER WHO WORKED ON THE PROGRAM_____

2. APPROXIMATE NUMBER WHO ATTENDED THE PROGRAM_____

3. HOW WOULD YOU RATE THE ATTENDANCE? (CIRCLE ONE)
   VERY GOOD    GOOD    FAIR    POOR

   ____________________________________________________________

5. MONEY REQUESTED FOR THE EVENT _____________________________

   5A. MONEY USED FOR THE EVENT______________________________

NAME_________________________ SIGNATURE__________________________
ORGANIZATION PRESIDENT/TREASURER

DATE SUBMITTED: ______________________

**THIS FORM MUST BE TURNED IN WITH YOUR REIMBURSEMENT FORM IN ORDER FOR THE REIMBURSEMENT TO BE PROCESSED. IN THE EVENT OF A PRE-RECEIPT, THE FORM MUST BE TURNED IN NO LATER THAN 5 DAYS FROM WHEN THE EVENT TAKES PLACE.**

***FAILURE TO TURN IN THIS FORM WITH REIMBURSEMENT REQUEST WILL RESULT IN NON-REIMBURSEMENT.***