2008-2009 CAB Event Evaluation

Program Title: ________________________________________________________________

Location: ___________________________ Time: ___________ Date: ___________

Chair person(s): __________________________ _____________________________

Purpose of program: ___Social ___Health & Wellness ___Service ___Educational
___Cultural awareness ___Academic & Success ___Personal success

Event Goal(s): ____________________________

Target audience: □ Undergrads □ Grads □ Faculty/Staff □ Community

□ Other________________________

Actual Attendance: ____________ Make-up of Attendance:

<table>
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<tr>
<th>_____ Male</th>
<th>_____ Female</th>
<th>Ethnicity</th>
<th>Age</th>
<th>_____ On-campus</th>
<th>_____ Off-campus</th>
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Detailed Event Description (schedule, activities, timeline, etc.) __________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Any special equipment materials: ____________________________

_________________________________________________________________________

Vendor/Performer Contact Info: ____________________________

_________________________________________________________________________

How was this event marketed/promoted? ____________________________

_________________________________________________________________________

_________________________________________________________________________

What worked well with the marketing? ____________________________

_________________________________________________________________________

_________________________________________________________________________

What needs to be improved with marketing? ____________________________

_________________________________________________________________________

_________________________________________________________________________
A. Strongly Agree  B. Agree  C. Neutral  D. Disagree  E. Strongly Disagree

1. ____ The entertainment was enjoyable and stayed enjoyable throughout the event.
   Comments:

2. ____ The time of event was appropriate.
   Comments:

3. ____ The food was sufficient and adequate for this event.
   Comments:

4. ____ The purpose of the event was clearly presented.
   Comments:

5. ____ The event goals were met. Explain.
   Comments:

   Suggestions to improve the event: ___________________________________________

   ___________________________________________

   ___________________________________________

   ___________________________________________

   Should we do this event again? Why or why not? _______________________________  

   ___________________________________________

   ___________________________________________

To Be Completed by CAB President or Advisor

   Amount Budgeted: ____________________________

   Actual Amount Spent: ____________________________

   List major expenses:

*Attach any additional materials; such as setup information, etc.