



Event in a Box Wrap-Up Questionnaire

Thank you for organizing an alumni event on behalf of Marquette University. In an effort to maintain accurate records of alumni activities and event attendance, please complete the form below and return to the Alumni Engagement office within one week of completion of your event in the enclosed self-addressed envelope.

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| Marquette Alumni Club/Area: | |
| Event Planner: | |
| Event Title: | |
| Event Date: | |
| Time of Event: | |
| Event Location: | |
| Location Address: | |
| Total # in Attendance: | |
| Price per Person: | |
| Total Cost of Event: | |
| Total Revenue from Event: | |
| Type of Event (purpose): | |
| Target Audience: | |
| Publicity for event: | |
| What about the event went particularly well? | |
| Would you do this event again? | |
| Suggestions for improvement: | |
| Additional Comments: | |

Please include the list of event attendees and return this form to: Marquette University, Alumni Relations, Attn: Stefanie Pinnow, P.O. Box 1881, Milwaukee, WI 53201-1881. Send by fax to (414) 288-1715.