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| Event Summary & Briefing DocumentPlease use this document to create an event summary outlining the most important details. Be as complete and detailed as possible. Return this form, along with all documents pertaining to this event, to Kate Adams (kjb5@uakron.edu) at least 10 days prior to your event. | Logo  Description automatically generated |
| **Whose presence is being requested:** | \_\_\_ President Miller \_\_\_Mrs. Miller\_\_\_ President and Mrs. Miller |
| **Event Name:** |  |
| **Date:** |  |
| **Time:** |  |
| **Location:**Include address and map, if applicable |  |
| **Primary Contact:**Name, title, email, cell number |  |
| **Secondary Contact:**Name, title, email, cell number |  |
| **Event Purpose:**Be as detailed as possible |  |
| **Guests:**Number expected and descriptioni.e., cabinet members, directors, etc(attach copy of RSVP list) |  |
| **Event Details:**i.e, when guests will beginarriving, be greeted and given name tags, program start time, bulleted list of speakers and their roles, etc. (attach copy of event agenda, if any) |  |
| **Menu:** |  |
| **Suggested Attire:**Recommendation on attire for guests or recipients |  |
| **Parking, Admission:**i.e., tickets or parking pass required (note location of parking) |  |
| **Additional Info:**Comments, special considerations, or issues |  |
| **Photographer:**Indicate when and what photos will be taken and who will take them.University Communications and Marketing would be happy to provide a list of freelance photographers should you need it |  |
| **Funding Source:** |  |
| **Role of President, Provost, other dignitaries, if any:**i.e., welcome, main speaker, participant |  |
| **Is this a first meeting for the Millers with this person or group?**Yes or No. If yes, please give date of last meeting and brief context, if known. |  |