



MEETING PROGRAM PLANNING FORM

TO BE COMPLETED DURING EXECUTIVE COMMITTEE MEETING
PLEASE ATTACH COPY OF POSITION-SPECIFIC PLANS (SERVICE, PROGRAM, BUDGET, ETC.)

Month: _____ Date(s) of Program: _____

Program Title: _____ Purpose: _____

Speaker or Program Leader: _____

How much time allowed for program? _____

Confirmed arrangements with speaker (Yes/No): _____

Place of meeting: _____

Materials needed for Program/Special Arrangements:

Person(s) to be contacted for program (Name/Phone): _____

Speaker(s): _____

Advisor & Administrator Approval: _____ Host of Speaker(s): _____

Need-to-do list for program preparation:

Need-to-do list for program follow-up:

Thank you note(s): _____

Return materials borrowed:

Other:

Success (evaluation of program):

Ideas for Next Meeting(s):
