

## PRESIDENT'S EVENT ANALYSIS FORM

## OFFICE OF THE PRESIDENT UNIVERSITY OF MANITOBA

Name of Event:								
Date of Event:					Start Time:			
Remarks Start Time (if applicable):			Expected Length of Event:					
Organizer's Name:			Organizer's Dept./Unit:					
Contact Phone #:			Contact Email:					
Name & cell number at event site (if available):								
Event Location (i.e. Building):					Room Number:			
Address (if off campus):								
Occasion/Purpose of Event:								
Event Host:								
Event MC:								
Event Type:	Reception Lecture Symposium	Meeting Conference Visiting Dignitary	Luncheon Dinner Other – specify:					
Audience for the	Expected attendance:							
Names of dignitaries and titles (if available) attending the event:								
Names and titles of people at President's table (for luncheons, dinners if applicable):								

President's Role (chec	k all that apply	):						
Attending		Co-host						
Greeting								
Photos (e.g. with a	ward recipients	Other - specify:						
Who will introduce the President?								
Type of remarks:	Guest Introdu	Length of Time Allocated for remarks:						
	Closing Rema		lor remarks.					
	Keynote speech/presentation Welcome							
Other - specify:								
Will awards be presented: Yes		Who will be receiving awards?						
		Who will be presenting the awards?						
Program/order of speakers:								
Topics to address in remarks:								
Asknowledgements to be included in the President's remarks:								
Acknowledgements to be included in the President's remarks:								
Photo required:	Yes Bi	ography required: Yes	Media expecte	ed: Yes				
	No	No		No				
Will the event be recorded or broadcast? Recorded Broadcast								
			either					
				_				
If the President is not a								
			No					
If the President is not	tor? Yes							
ii uio i rosidont is not c	avanabie on you	ur requested date, are you requesting an altern	ato somoi auministra	No				
If the President is not a	available, would	d a recorded greeting or letter be an option?	Yes					
			No					