

Touro University College of Pharmacy

Student Organization Event Evaluation Form

Student Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Activity/Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Touro Sponsored Event? \_\_\_\_\_ Company hosting \_\_\_\_\_

Target Audience		# of Attendance - Patients screened - Student Volunteers	
Estimated total # of hours for project planning (Give break down)		Total hours of event  Total \$ spent	
Faculty/Staff/Preceptors present (Provide contact information)			
Other organizers/collaborators			
Services provided			
Promotional materials used			
Synopsis of event			
Suggestions for future event			

Please complete this form and email to Neeloufar Fakourfar ([Neeloufar.fakourfar@tu.edu](mailto:Neeloufar.fakourfar@tu.edu)) no later than 1 week after event.