

Overview

Event Name *

Primary Event Contact (Name(s))

Brief Description (Using complete sentences, describe the event in detail)

Date of Event

Start Date *

End Date (same as start date if one time event)

Event Frequency * (choose 1)

- Annual
- Bi-Monthly
- Monthly
- One-time
- Quarterly
- Other

Select up to two (2) categories that your event relates to *

- Awards
- Career & Programing Development
- Government Affairs
- Leadership Development
- Meetings
- Public Outreach
- Science Education
- Social Events
- Strategic & Business Planning
- other

Which strategic goal(s) from the ACS Strategic Plan does this event support? Examples of how categories relate to the strategic plan *

- Goal 1: Elevate the Reputation of Science.
- Goal 2: Enhance Community Engagement.
- Goal 3: Empower Scientist.
- Goal 4: Deliver Innovative Solutions.

Share this event with other local sections, technical divisions and Int'l chapters.

- Yes
- No

Participation

Select at least one (1) supporting committee, but no more than five (5)

Awards	Membership/Membership Retention
Budget/Finance	Mentoring
Career Assistance/Employment	Minority Affairs
Chemistry Olympiad	Newsletter/Publications
Community Activities	Nominations
Continuing Education	Professional Relations
Education Environmental	Project SEED
EHS	Public Relations
Government Affairs	Senior Chemists
Industry Relations	Women Chemists
Long Range Planning	Younger Chemists

Partners

Event Partners (ACS) (include other ACS subcommittees)

Event Partners (Non ACS) (include non ACS partners, no acronyms in names)

Number of Volunteers for this Event

Members (number):

Non-Members (number):

Total Number of Volunteers (sum of members and non-members)

Number of hours your volunteers spent on your section's/division's activities (sum total number of hours for all volunteers)

Number of Attendees (must specify members vs. public)

Members (number):

Public (number):

Expense

Estimated Total Cost (USD):

Outside Funding or Support

DAC Grant

LSAC Grant

None

Other ACS Grant (if chosen, please specify)

Other (if this is chosen, you must provide the source of funding)

Event Coverage

Email

Radio

Television

Web

Other (if this is chosen, you must provide the event coverage):

Event Promotion

ACS Network

C&EN

Email

Newsletters

Social Networks

Website

Other (if this is chosen, you must provide the type of promotion):

Supporting WeBLinks: List website link(s) here (list URL):

Supporting Materials: Provide submitter with **single PPT or PDF file** that includes flier, pictures, survey, etc. Please label pictures with date and description of what is contained in photo. It is preferred to upload the file and provide a link.

Evaluation

What were the greatest successes of this event? (Using complete sentences, please describe success in short paragraph (500 character limit)).

Lessons Learned/Suggestions to improve this event. (Using complete sentences, please describe any ideas/suggestions to improve in paragraph form (500 character limit)).

Evaluate the success of this event

Very Good

Good

Fair

Poor

Very Poor