



## Midwest Public Risk Health Awareness Day Planning Guide

CHECKLIST		DETAILS
Group Name		
Event Year		
Event Date(s)		
Event Time		
Address Line 1 (Group Address)		
Address Line 2 (Event Address if Different)		
Event Room Name		
Event Chair		
Event Chair Contact Info		
Event Theme		
Estimated # of Attendees		
Actual # of Attendees		
Budget Total	\$	
Actual Spent Post Event	\$	
Event Planning Start Date		
Available Wellness Credits	\$	
Expected # of Vendors		
Actual # Of Vendors		
Biometric Screening Vendor		
	Exhibitors	Exhibitor Topic/Service
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	MPR Supplies	Quantity Needed Based on Estimated Attendees
1		
2		
3		
4		
5		



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ATTENDEE FEEDBACK

VENDOR FEEDBACK

EMPLOYER/COMMITTEE FEEDBACK

GENERAL NOTES