This form is due back to MOPIP within 5 business days of the event. Please send the completed form to MOPIP intern (pip@truman.edu)

Name of Event:

Date of Event:

Location of Event:

Responsible group/individual:

Number of attendees:

Account number for reimbursement check:

1. What was the purpose of this event?
2. Do you feel the purpose was met? If not, why?
3. What was your attendance goal?
4. Was this goal met? If not, did this create any problems?
5. How did this event relate to MOPIP’s mission?
6. Do you feel as if this event was successful? If not, why?