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| **EVENT INFORMATION** | | |
| **Event Name** |  | |
| **Organiser** |  | |
| **Collaborator (if any)** |  | |
| **Date/Time** |  | |
| **EVENT SUMMARY** | | |
| **Synopsis** |  | |
| **Final No. of Participants** |  | |
| **Key Stakeholders/Guests (VIPs/Speakers)** in attendance |  | |
| Changes to event compared to the original proposal (if any) |  | |
| **HIGHLIGHTS AND ACHIEVEMENTS** | | |
| **Key Moments / Milestones** | 1. . 2. . 3. . | |
| **Successes / Notable Outcomes** | 1. . 2. . 3. . | |
| **PUBLICITY** | | |
| **Links to published social media content or media coverage** |  | |
| **Poster(s) / Visual(s) used**  *\*Please attach if different from original* |  | |
| Were UM/FOM branding guidelines followed? | Yes / No | |
| **FINANCIAL RECAP** | | |
| **Budget allocated** (MYR) |  | |
| **Total expenses incurred** (MYR) |  | |
| **Final Source of Funding**  (Internal/FOM/Sponsorship/Grant/  Fees/Others)  *\*Attachment required: Final Financial Summary or relevant receipts* |  | |
| **SUSTAINABILITY & COMPLIANCE** | | |
| **Was single-use plastic avoided throughout the event** (including vendors)?  *Please attach photo of food/beverage packaging.* | Yes / No | |
| Other sustainability efforts taken (if any) |  | |
| **PARTICIPANT FEEDBACK** | | |
| **Was participant feedback collected?** | Yes / No | |
| **Key Comments / Suggestions**  from participants (up to 5) | 1. . 2. . 3. . 4. . 5. . | |
| **ISSUES, CHALLENGES & RECOMMENDATIONS** | | |
| Any issues encountered during the event? |  | |
| What could be improved in future events? |  | |
| **SUPPORTING DOCUMENTS** | | |
| Kindly attach 3-5 high resolution event photos  *\*not required if VICFOM Photographer was engaged* |  | |
| **CONFIRMATION** | | |
| *I hereby declare that the information given in this report is correct.* | | |
| **Event Chairperson**  Signature & Stamp  Name:  Position:  Department:  Date:  *Email:* | | **Head of Department**  Signature & Stamp  Name:  Date: |
| **FOR OFFICE USE**  **VISIBILITY, INFORMATION AND COMMUNICATION UNIT** | | |
| Received by  Signature:  Name:  Position:  Date: | | Verified by  Signature:  **Head**  Name:  Date: |