



## SAM Event Planning Document

Please return this form to one of the SAM officers once completed.

**Event Coordinator(s) (names and e-mail):**

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**Type of Event (circle one):**    Tour        Speaker        Panel        Fundraising        Other

If Other, please explain: \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Event Time and Date:** \_\_\_\_\_        **Person Limit:** \_\_\_\_\_

**Event Description:**

**Budget proposal:**

**Donations requested/from whom (including monetary):**

**Key Contacts (names, organization, and contact information):**

**Refreshments:**

**Comments:**

Thank you for your time and interest in planning a SAM event!

**Student Archivists at Maryland**

A Student Chapter of the Society of American Archivists

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