## **Event Coverage Media Partner Assessment**

## **Event Information**

Event Name
Date
Location
Media Partner Details
iviedia Partifer Details
Media Partner Name
Contact Person
General Green
Email
Website/Socials
Coverage Assessment
Type of Coverage Provided
Type of Coverage Flovided
Quality of Coverage
Reach/Audience Size

Strengths	
Areas for Improvement	
Overall Evaluation	
Summary Feedback	
Recommendation for Future Partnerships	
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