

To: Office Manager
 Marketing Consultant
 From: Marketing Coordinator _____ (Make extra copies. Update each month)

MARKETING PLANNER

What:	Who:	When:			
Monthly Promotional Actions	Person Responsible	Month: _____ Goals: _____	Month: _____ Goals: _____	Month: _____ Goals: _____	Month: _____ Goals: _____
Monthly Marketing Meeting Quarterly Marketing Meeting	Marketing Coordinator	Date: _____ Date: _____	Time: _____ Time: _____	Date: _____ Date: _____	Time: _____ Time: _____
<i>INTERNAL</i>					
<i>EXTERNAL</i>					
Community Education Program		Checklist Completed <input type="checkbox"/>		Checklist Completed <input type="checkbox"/>	
Theme(s)					
Workshop/Lectures					
Notes on Future Plans:					
	Newsletter dates: Month _____ Month _____ Month _____ Month _____				