



# Conference Evaluations



Check one: Spring Conference: ☐ Fall Conference: ☐

Conference Dates: \_\_\_\_\_

Conference Location: \_\_\_\_\_

| HOTEL ACCOMMODATIONS:                                                                                                               |     |    |      |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----|----|------|---|---|---|---|
| Would you recommend this hotel?                                                                                                     | Yes | NO | Why: |   |   |   |   |
| Staff Friendliness:                                                                                                                 | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Rooms:                                                                                                                              | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Breakfast:                                                                                                                          | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| DETAILS:                                                                                                                            |     |    |      |   |   |   |   |
| Conference Location:                                                                                                                | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Facility Appearance:                                                                                                                | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Lunch:                                                                                                                              | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Evening Supper:                                                                                                                     | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| SPEAKERS:                                                                                                                           |     |    |      |   |   |   |   |
| Speaker Name:                                                                                                                       | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Topic:                                                                                                                              | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| I learned something to take back to my organization:                                                                                | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Please explain how the training would help you professionally, personally or will someone from your organization benefit from this? |     |    |      |   |   |   |   |
| Speaker Name:                                                                                                                       | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Topic:                                                                                                                              | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| I learned something to take back to my organization:                                                                                | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
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| Speaker Name:                                                                                                                       | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Topic:                                                                                                                              | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| I learned something to take back to my organization:                                                                                | 1   | 2  | 3    | 4 | 5 | 6 | 7 |
| Please explain how the training would help you professionally, personally or will someone from your organization benefit from this? |     |    |      |   |   |   |   |
| COMMENTS:                                                                                                                           |     |    |      |   |   |   |   |
|                                                                                                                                     |     |    |      |   |   |   |   |