



EVENT FEEDBACK/COMMENT FORM

Name of Event: _____

Date: _____

Presenter: _____

In order for us to continually improve our efforts and events, we ask that you provide feedback on the following:

	VERY DISSATISFIED	DISSATISFIED	SOMEWHAT SATISFIED	SATISFIED	VERY SATISFIED
Knowledge of Presenter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenters Communication Style	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pace / Structure of Event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilities at event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall review of Event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you attend another event of this type or recommend it to other PWD Fanciers?

What did you like about how this event was coordinated and presented?

Where do you feel there is room for improvement?

Name (optional): _____