



**OVERALL CONFERENCE EVALUATION**

Please fill out this form and return it to the registration table.

		<b>Please circle (Worst – Best)</b>				
<b>1a. OVERALL</b>	Were your major objectives for this conference met?	1	2	3	4	5
<b>1b. OVERALL</b>	Was the content of the conference vital, timely and substantive?	1	2	3	4	5
<b>2. RELEVANCE</b>	Was the subject matter presented directly related to the requirements of your job?	1	2	3	4	5
<b>3. VALUE</b>	Do you believe the benefits of this conference were worth the time, effort and cost?	1	2	3	4	5
<b>4a. SPEAKERS</b>	Did the sessions move along at the right pace?	1	2	3	4	5
<b>4b. SPEAKERS</b>	Did they have appropriate knowledge on the topic?	1	2	3	4	5
<b>5. MATERIALS</b>	Were the materials clear, organized and appropriately helpful for each session?	1	2	3	4	5
<b>6a. FACILITY</b>	How do you rate the overall quality of rooms?	1	2	3	4	5
<b>6b. FACILITY</b>	How to you rate the overall quality of food?	1	2	3	4	5
<b>7.</b>	What did you like most about the conference?	_____				
		_____				
<b>8.</b>	Any suggestions to improve future conferences?	_____				
		_____				
<b>9.</b>	Would you attend another Practical Planned Giving Conference?	_____				
<b>10.</b>	How many years of gift planning experience do you have?	_____				
<b>11.</b>	Comments	_____				
		_____				



Integrated Marketing for Planned Gifts

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