



WFOP Conference Evaluation Survey

Name (optional) _____

Age: **30 or under** **31-40** **41-50** **51-60** **60+**

I've been a member: **less than a year** **1-5** **5-10** **10-15** **15+ years**

I attended: **Friday** **Saturday** **Sunday**

I stayed at: **Conference Hotel** **Other Hotel** **House Guest** **N/A**

Tell us about your general experience (Circle the appropriate response—if N/A, leave blank)

	Excellent		So-So		Poor
Registration Process	5	4	3	2	1
Book Sales Area	5	4	3	2	1
Hotel Room	5	4	3	2	1
Conference Rooms	5	4	3	2	1
Meals	5	4	3	2	1

Comments (especially if your experience was not a good one!)

Would you recommend we use this hotel again? **Yes** **No**

If no, why not?

(you're not done yet...please turn over)

What did you think of the program? **(Circle the appropriate response—if N/A, leave blank)**

	Excellent		So-So		Poor
Friday Night Open Mic	5	4	3	2	1
Business Meeting	5	4	3	2	1
Roll Call	5	4	3	2	1
Morning Presentation	5	4	3	2	1
Breakfast / Lunch	5	4	3	2	1
Afternoon Presentation	5	4	3	2	1
Fellowship / Social Time	5	4	3	2	1

Comments **(especially if your experience was not a good one!)**

Do you have any suggestions for future programs? _____

Would you like to volunteer for the WFOP? If so, how? **(please include name & contact info)**
