



IMPROVING CORPORATE PRODUCTIVITY AND INNOVATION 2011

We value information that only you can provide about this event and we would appreciate your taking a few minutes to complete this assessment form. This will help us to measure our performance so that we can make our events even better for you.

Name (not required): _____ Organization (not required): _____

1. What was your overall level of satisfaction with this event?

	Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Highly Dissatisfied
Mark only one rating, either x or ✓					

2. Specifically, what was your overall level of satisfaction with...

(Mark only one rating, either **x** or **✓**)

	Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Highly Dissatisfied
Plenary and Workshop Speakers					
Networking Opportunities					
Pre-event Customer Service					
Logistics and General Organisation					

3. Aside from the event topic, what features attracted you to this event?

(Please rank the following in order of importance, with 1 being the most important and 7 being the least important.)

- _____ **Specific organization(s) speaking**
- _____ **Level or title of speaker(s)**
- _____ **Networking opportunities**
- _____ **Panel discussions**
- _____ **Range of topics being addressed**
- _____ **Other (please specify):** _____

4. Are there topics that you would like to see included at this or other future events?

5. Would you attend this event again? Yes No

6. Additional Comments:

Thank you for your input! Please complete and forward to:

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