



**Conference Evaluation**

Name: (Optional) \_\_\_\_\_

1. Check the box that best describes your **organization**:

- State    - County    - City    - Town    - Village  
 - College    - Business    - Non-Profit    - Other \_\_\_\_\_

2. Check the box that best describes your **classification**:

- Executive Management    Upper Management    Middle Management  
 Full-time    Part-time    Seasonal    Student    Other \_\_\_\_\_

3. How did you hear about the Conference? \_\_\_\_\_

4. Why did you attend this Conference? \_\_\_\_\_

\_\_\_\_\_

5. How will the information gained at this Conference aid you in your work? \_\_\_\_\_

\_\_\_\_\_

6. Did you attend the keynote sessions?    - Yes    - No

If not, why? \_\_\_\_\_

7. Please rate the registration process?    - Excellent    - Good    - Fair

8. Please rate the following amenities:

- |   |                                      |                                 |                                 |
|---|--------------------------------------|---------------------------------|---------------------------------|
| Session Rooms                             | <input type="checkbox"/> - Excellent | <input type="checkbox"/> - Good | <input type="checkbox"/> - Fair |
| Food                                      | <input type="checkbox"/> - Excellent | <input type="checkbox"/> - Good | <input type="checkbox"/> - Fair |
| Keynotes                                  | <input type="checkbox"/> - Excellent | <input type="checkbox"/> - Good | <input type="checkbox"/> - Fair |
| Golf Tournament &<br>Tuesday Night Social | <input type="checkbox"/> - Excellent | <input type="checkbox"/> - Good | <input type="checkbox"/> - Fair |
| Social @ Zia Park Casino                  | <input type="checkbox"/> - Excellent | <input type="checkbox"/> - Good | <input type="checkbox"/> - Fair |
| Tour of City P&R Facilities               | <input type="checkbox"/> - Excellent | <input type="checkbox"/> - Good | <input type="checkbox"/> - Fair |
| CORE Private Pool Party                   | <input type="checkbox"/> - Excellent | <input type="checkbox"/> - Good | <input type="checkbox"/> - Fair |

Additional Comments or Suggestions on amenities: \_\_\_\_\_

\_\_\_\_\_

9. How much time did you spend with the exhibitors?

- 0 min    - 15 min    - 30 min    - More than 30 min

10. Please rate the Exhibit Hall:    - Excellent    - Good    - Fair

11. Overall comments on the Exhibit Hall: \_\_\_\_\_

\_\_\_\_\_

12. Overall Conference Evaluation    - Excellent    - Good    - Fair

13. Additional Comments or Suggestions: \_\_\_\_\_

\_\_\_\_\_

**Please complete and return to: [dmcdaniel@hobbsnm.org](mailto:dmcdaniel@hobbsnm.org)**

