**Name of Event,**          **Address,**          **Date of Event**

# Evaluation Form

**Hotel**: Overall _____ Facility Choice _____ Sleeping Rooms ____ Meeting Facilities _____

Food Selection _____ Hospitality _____ Service _____ Travel Accessibility _____

**Registration Process:** Prior to Arrival _____ Upon Arrival _____

**NYSW** **Responsibilities:** Registration _____ Business Session: Overall ____

**(replace "event", "workshop" etc. with names of events, workshops at meeting)**

**Events:** List Event _____     Event _____     Event _____

**Workshops:** List Workshop _____     Workshop _____     Workshop _____

Workshop _____     Workshop _____     Workshop _____

**Meetings:** Region Directors ____     Business Sessions ___     insert Meeting _____

Insert Meeting _____     insert Meeting _____     insert Meeting _____

Did this event meet your expectations?     Yes ☐          No ☐

**Comments:**

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# FUTURE PLANNING

What workshops would you like at future meetings?

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