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WOVI _____ Chapter
Women of Visionary Influence: Leading. Mentoring.
Educating
Date: _____ Meeting Evaluation

Please complete this form and turn it in at the end of the program. Your input is valuable to the success of future meetings and our organization.

1. What did you enjoy most about this meeting? _____

2. What was least important to you? _____

3. Was the speaker/program of value to you? ___ Yes ___ No If yes, how? If no, what would you have preferred? _____

4. What did the speaker do to make this a successful/unsuccessful learning experience for you? _____

5. Was the speaker: Prepared Enthusiastic Knowledgeable Engaging
(Circle any and all that are appropriate in your opinion.)
Comments: _____

Please feel free to use back of this form for additional comments.

6. Are you a member of WOVI? ___ Yes ___ No

How did you hear about us? _____

7. Please rank the following in order of importance to you at the WOVI meetings?

___ Speaker/Program _____ Meeting and interacting with other women
___ MentoRing© _____ Other _____

8. What about WOVI and this meeting will you share with other women to encourage them to come to a meeting and to join? _____

9. What topics / presenters are of interest to you for future WOVI programs? _____

10. ___ Yes, I want to join and participate in WOVI's programs and opportunities.

Name: _____ E-Mail: _____ Phone: _____
May be required to be in door prize drawing.