Event Summary (For Participating Businesses)

Your feedback is essential for helping us continue to provide materials for making your marketing campaigns a success. Please fill this out and email the completed information to mslocal@microsoft.com.

1. Campaign theme selected

|  |  |  |  |
| --- | --- | --- | --- |
| ❑ | The best mistakes are the ones you don’t have to make | ❑ | My 5th grader has a better web site than you! |
| ❑ | Keep your customer, *your* customer | ❑ | Today I’ll be the manager, accountant and computer geek – all before lunch |
| ❑ | Business from the bleachers: Section G, Seat 5, Row 2 | ❑ | So you heard about me from your Mom’s doctor’s golfing buddy? |

1. Number of small business owners/managers invited to your event
2. Number of small business owners/managers who attended event
3. Number of other business partners that participated in the event
4. What type of partners participated in your event? (list by industry/category of service)
5. What marketing materials did you use? (please be specific)
6. Did you find the marketing materials helpful? What would you like to see added to support future campaigns for the small business market? (please be specific)

**Please return this form to:** **mslocal@microsoft.com****.**

*Please note the next pages (2-4) are for your customer to fill out. Please select pages rage 2,3 & 4, when printing for your event.*Event Evaluation

*Thank you for attending today’s event. We would greatly appreciate it if you would take a few minutes to fill out both sides of this evaluation form.*

***The best mistakes are the ones you don’t have to make.*** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| First Name: | Last Name: |
| E-Mail Address: | Phone Number: |
| Job Title: | Organization: |
| Address 1: |  |
| Address 2: |  |
| City: | State/Province: | Postal Code: |

1. **How would you evaluate the event based on the following criteria?**

|  |  |  |
| --- | --- | --- |
|  | **Very dissatisfied**  | **Very satisfied** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| a) Usefulness of the information presented | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| b) Speaker’s presentation skills  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| c) Effectiveness of the solutions discussed | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| d) Relevance to my business needs | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| e) Overall event experience  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

1. **As a result of this event, how has your overall opinion of the participating organizations changed?** *(circle one)*

|  |  |  |
| --- | --- | --- |
| a) Much more favorable | c) Neither more nor less  | d) Somewhat less favorable |
| b) Somewhat more favorable  |  favorable | e) Much less favorable |

1. **Did this event address the challenges you face as a small business?** *(circle one)*

Yes No

1. **Please rank each of the sessions from 1 to [Insert total number of sessions held] in order of relevance to your current small business issues.**

|  |  |
| --- | --- |
| Session Name & Speaker | Session Ranking 1=least relevant, 5=most relevant |
| [Insert Session Name (Insert Speaker Name)] | 1 | 2 | 3 | 4 | 5 |
| [Insert Session Name (Insert Speaker Name)] | 1 | 2 | 3 | 4 | 5 |
| [Insert Session Name (Insert Speaker Name)] | 1 | 2 | 3 | 4 | 5 |
| [Insert Session Name (Insert Speaker Name)] | 1 | 2 | 3 | 4 | 5 |
| [Insert Session Name (Insert Speaker Name)] | 1 | 2 | 3 | 4 | 5 |

1. **What other topics would you like to see addressed?**
2. **Is this the first event sponsored by the participating organizations you have attended?**

Yes No

1. **As a result of attending this event do you feel more inclined to take advantage of the solutions the participating organizations offer?**

Yes No

1. **If yes, which solutions in particular?**
2. **How do you stay current on small business information?**

\_\_\_\_ Business websites \_\_\_\_ Blogs

\_\_\_\_ Local newspaper or business journal \_\_\_\_ Radio/television programs

\_\_\_\_ Industry publication or website \_\_\_\_ Peers

\_\_\_\_ Web searching \_\_\_\_ Retailers

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you a member of your local Chamber of Commerce?**

Yes No

1. **Have you utilized the services of your local SBA or SBDC during the past 12 months?**

Yes No

1. **May we contact you about future small business events or programs in your area?**

Yes No

1. **How did you hear about this event?**
2. **Please provide any additional comments that you think would improve the quality of today’s event.**