Attendee Event Evaluation

**Instructions for Use - Delete before Printing**

Be sure to:

* Add required information where indicated in red.
* Add your logo and that of any event co-sponsors in place of the “Insert Partner Logo” circles. First double-click on one of the circles to edit the footer. Then right-click on the circle and select “Change Picture.” Browse to the folder where you have your logo saved on your computer, select your logo, and click “Insert.” Repeat for any additional logos.  Delete any extra circles.

You may also want to:

* Delete question 8 if your business does not deal with software.
* Delete the gray box with the Microsoft opt-in questions at the beginning of the survey if you will not be sharing this evaluation (and the customers’ Personally Identifiable Information (PII) contained within) with Microsoft.

*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.*

***Successful businesses move at the speed of thought.***  Date:

Contact Information (Optional):

Opt-In Information

**Microsoft** may send me pertinent security, product, and event information via:

* Work Address
* E-Mail Address
* Business Phone Number

 **Microsoft partners** may contact me with information about their products, services and events.

Please review the Microsoft Privacy Statement at <http://privacy.microsoft.com/en-us/default.mspx>

|  |  |
| --- | --- |
| Name: | Organization: |
| E-Mail Address: | Business Phone Number: |
| Work Address: |

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** |
| a) Usefulness of the information presented | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| b) Speakers’ 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 favorable | e) Much less favorable |
| b) Somewhat more favorable | d) Somewhat less favorable |  |

1. **Which challenges that you face as a business do you feel this event addressed effectively?**

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. **Would you like information on any of the following?** (Check all that apply. Be sure to include your contact info above.)

\_\_\_\_ Windows Server® 2008 R2 \_\_\_\_ Microsoft® Exchange Server 2010

\_\_\_\_ Microsoft Office Professional 2007  **\_\_\_\_** Microsoft Office Professional 2010

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

1. **How do you stay current on business information?** (Check all that apply.)

\_\_\_\_ Business websites \_\_\_\_ Blogs \_\_\_\_ Web searching

\_\_\_\_ Local newspaper or business journal \_\_\_\_ Radio/TV programs \_\_\_\_ Retailers

\_\_\_\_ Industry publication or website \_\_\_\_ Peers \_\_\_\_ Other:

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

Yes No

1. **How did you hear about this event?** (Check all that apply.)

\_\_\_\_ Partner website \_\_\_\_ Email \_\_\_\_ Telemarketing call

\_\_\_\_ Newspaper ad \_\_\_\_ Letter \_\_\_\_ Poster

\_\_\_\_ Newspaper article \_\_\_\_ Flyer \_\_\_\_ Postcard

\_\_\_\_ Other:

1. **Please provide any additional comments you think would improve the quality of future events.**

[Insert Partner Legal and/or Privacy Information]