



## Program Evaluation

### Program Information

Event Title	
Event Date	
Location	
Estimated Attendance	

Was the program successful? YES NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Would you do this event again? YES NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Did the audience enjoy the program? YES NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Was the promotion/publicity sufficient? YES NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_

What would you do differently? \_\_\_\_\_  
\_\_\_\_\_

### FOR PROGRAM PLANNERS ONLY

#### Agency/Agent

Would you work with this agent or agency again? YES NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_

#### Details/Logistics Management

Were the details of this event handled well? YES NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_

How would this event be improved in the future, from a planning and organizational standpoint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_