



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? _____

