



Event Feedback Form

Please take a moment to complete this brief survey. Your responses will greatly help us improve our alumni programs!

EVENT: _____ DATE: _____

Name:	Email:
Mailing address:	Telephone:
Class Year:	Occupation:

HOW DID YOU HEAR ABOUT THIS EVENT? (please circle applicable source)

Flyer/invitation Internet/e-mail Oberlin Alumni Magazine Other, please specify:
Newsletter ObieWeb Friend/word of mouth

WHY DID YOU DECIDE TO ATTEND? (please circle all that apply)

Networking Opportunity Topic/program of interest Location of interest Other, please specify:
To meet fellow Obies Speaker/artist of interest Support the local Club

HOW WOULD YOU RATE THE FOLLOWING? (please circle rate that applies)

	POOR			EXCELLENT	
Program Format	1	2	3	4	5
Featured Guest	1	2	3	4	5
Topic	1	2	3	4	5
Location	1	2	3	4	5
Length of Event	1	2	3	4	5
Food/Drink	1	2	3	4	5

COMMENTS: _____

THANK YOU!

Please return this form to: The Oberlin Alumni Association, 50 W. Lorain Street, Oberlin, OH 44074
or fax to: (440)775-6748

A staff member may contact you to discuss your feedback further.