



## 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)

	<b>POOR</b>			<b>EXCELLENT</b>	
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.