



2007 CONFERENCE EVALUATION

Help us make next year's NWAHA Conference even better!

Please give us your assessment and opinions by filling out this questionnaire.

Turn in the questionnaire prior to your departure from the conference.

Program Quality

| | High 5 | 4 | 3 | 2 | Low 1 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Please rate overall program quality: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How useful was the information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How applicable were the sessions to your work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Most valuable session you attended: _____

Why? _____

Least valuable session you attended: _____

Why? _____

Who do you feel presented the material most effectively? _____

Who do you feel presented the material least effectively? _____

Suggestions for program improvement: _____

Suggestions of topics you'd like to see covered: _____

Did you attend the pre-conference workshop, "Hatchery Mitigation"?

Yes No

If no, why not? _____

Networking/Social Opportunities

| | High 5 | 4 | 3 | 2 | Low 1 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Please rate the following opportunities: | | | | | |
| Continental breakfasts, refreshment breaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday Evening Reception | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hydro Showcase Displays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Services

| | High 5 | 4 | 3 | 2 | Low 1 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Please rate the overall quality of services (e.g., hotel, conference staff) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Did you have any problems? _____

Suggestions for improvement: _____

Which of the following locations do you prefer? (Rank 1, 2, or 3)

___ Downtown ___ Jantzen Beach ___ Lloyd Center

Conference Information

Please rate the usefulness of the advance information about this year's conference from the following sources:

| | High 5 | 4 | 3 | 2 | Low 1 |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Conference Brochure: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Website: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please list): _____

General

Do you feel you received a good value for your registration price?

Yes No

Are you interested in participating as a moderator or panelist in future conferences?

Yes No

If yes, what is the content area where you feel you could contribute? _____

Comments/Suggestions: _____

(Optional) Your Name: _____

Organization: _____

If you're not able to complete and return this at the conference, please fax your response to (541) 389-3718.

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