PROGRAM EVALUATION





Attendee Name (Optional):	
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Thank you for attending Day on the Hill and completing this **two-sided** evaluation. Please scan and return this form to Paula Kantas at pkantas@aaoms.org.

	1 Poor	2 Fair	3 Satisfactory	4 Good	5 Excellent	N/A
1) How would you rate the level of information you received prior to Day on the Hill?						
Comments/Suggestions:						
2) How would you rate the effectiveness of the Tips for Conducting Congressional Visits presentation held on Tuesday afternoon?						
Comments/Suggestions:						
3) How would you rate Charlie Cook's presentation during Tuesday night's dinner?						
Comments/Suggestions:						
4) How would you rate the effectiveness of the Day on the Hill legislative issues discussion held on Wednesday morning?						
Comments/Suggestions:						
5) How would you rate Wednesday morning's program overall?						

Comments/Suggestions:							
6) How would you rate your experience with Advocacy							
Associates?							
Comments/Suggestions:							
Comments/Suggestions.							
7) Was this your first time attending		Yes			No		
Day on the Hill?							
If yes, what prompted you to attend?							
8) How likely are you to attend a		Likely Unsure			Unlikely		
future Day on the Hill meeting?		Linciy	0	sure	Grinkery		
9) What is the biggest factor impacting	your decision	whether to atte	nd a future meet	ing?			
y what is the biggest factor impacting	your decision (whether to atter	na a rature meet	ıııg:			
10) Do you have any suggestions for ho	w to enhance	future Day on th	e Hill programm	ing?			
Please provide any feedback regarding	Day on the Hill	I not otherwice	shared above				
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