



2009 Missouri Library Association Conference Session Evaluation Form

Please return this form to the session host or to the Conference Hospitality Desk.

Session Information

Session title:		Day and Time:	
Presenter:		Sponsoring unit:	

1. What type of library, institution or business are you affiliated with?

- Public
 Academic
 Special
 School
 Consultant
 Vendor
 Other, please specify:

2. How did you find out about this program?

- Word of mouth
 Brochure
 Web announcement
 Conference Program
 MO INFO
 Other, please specify:

3. Were your expectations for this program met? Yes No

If not, why not?

4. The most valuable part of the program was:

- Speakers
 Question and answer sessions
 Materials/Handouts
 Networking with people
 Other, please specify:

PLEASE RATE THE FOLLOWING:

1=UNACCEPTABLE 2=POOR 3=SATISFACTORY 4=GOOD 5=EXCELLENT

5.1 Relevancy of content to your needs	1	2	3	4	5	NA
5.2. Knowledge of presenters	1	2	3	4	5	NA
5.3. Opportunities for Q+A and discussion	1	2	3	4	5	NA
5.4. Overall quality of session	1	2	3	4	5	NA
5.5. Overall quality of handouts	1	2	3	4	5	NA
5.6. Room facilities (comfort, size, etc.)	1	2	3	4	5	NA

6. What topic or issues would you like to see addressed at a future program/event?

7. Do you have any suggestions for future speakers (yourself or others)? If so, please provide the name, contact information, and possible topic.

8. Any additional comments or suggestions? (please use back of sheet)

Thank you for taking the time to fill out this evaluation. Your comments are helpful and appreciated.