



Name: _____
 Company: _____

All information provided is completely confidential.

1. Do you think this workshop provided valuable and practical information for your organization?
 Yes No

Please indicate your response to the following statements by circling the appropriate number

2. How would you rate the overall value your organization received from this workshop?
 Very Satisfied Neutral Very Dissatisfied Comments:
 1 2 3 4 5 N/A _____

3. Will your organization be able to use the information that was provided?
 1 2 3 4 5 N/A _____

4. Would you like to have a one-on-one consultation with a PSLO to discuss your activities & interests?
 1 2 3 4 5 N/A _____

5. How would you rate the organization of the event?
 1 2 3 4 5 N/A _____

6. This PSLO event was relevant to the needs or interests of your company. Strongly Disagree ⇔ Strongly Agree
 1 2 3 4 5 6 7

7. We will participate in future PSLO Activities Seminars & Events Yes No

8. Please provide any additional comments. Please also give thought to sort of IFI-related training or information session you would like to see that would build on the lessons of the IFI Bootcamps.

Please fax your completed evaluation form to (306) 787-6666.