



CACRAO Annual Meeting Conference Evaluation

Your evaluation of this year's program will help in the planning of next year's conference. Please fax this form to Vern Granger at 919-515-5039. Thank you in advance for your comments and suggestions.

Circle the office that best describes your area of job responsibility:

Admissions Admissions/Registrar Registrar Other

My institution is best described as:

Public, 4 year Private, 4 year Public, 2 year Private, 2 year Other

Current enrollment at my institution is:

Under 1,000 1,000-5,000 5,001-10,000 10,001-15,000 Above 15,000

For the following questions, please check the appropriate answer.

	Excellent	Good	Fair	Poor	N/A
Advanced Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Check-in Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Prizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality Suite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"CACRAO Red Carpet Event" <i>(Tuesday Night Event)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Opinion of Individual Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Opinion of the Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any suggestions you may have for the following:

Session Topics: _____

Locations for Future Meetings: _____

Themes for Future Meetings: _____

Social Activities: _____

Additional Comments: _____

Please fax this form to Vern Granger at 919-515-5039