

# INTERNATIONAL DOG LOVERS ASSOCIATION

## OVERALL CONFERENCE EVALUATION

Your overall experience at the Conference is very important to us. Your completion and return of this assessment will help us better serve you in the future. Return this evaluation at the end of your last session or drop off in the Conference Office by Thursday, March 9 and be entered in our drawing. Winner will be contacted four weeks after the end of the Conference.

Please completely darken the circle that corresponds to your answer.

(4) Excellent (3) Good (2) Fair (1) Poor

|  |                       |                       |                           |                          |   |                            |                            |                            |                       |
|--|-----------------------|-----------------------|---------------------------|--------------------------|---|----------------------------|----------------------------|----------------------------|-----------------------|
| <b>1. Registration and Publications</b>                            | <b>4</b>              | <b>3</b>              | <b>2</b>                  | <b>1</b>                 | <b>6. Food Service</b>  | <b>4</b>                   | <b>3</b>                   | <b>2</b>                   | <b>1</b>              |
| Conference Program (brochure):                                     |                       |                       |                           |                          | Continental Breakfasts.....                                   | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/> |
| Easy to follow and understand.....                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | Refreshment breaks.....                                       | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/> |
| Pre-registration process:  |                       |                       |                           |                          | Reception (Sunday).....                                       | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/> |
| (response timely and accurate).....                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | Reception (Monday).....                                       | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/> |
| Online registration (if applicable).....                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | Lunches on Exhibit Floor.....                                 | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/> |
| On-Site registration (if applicable).....                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | <b>7. Overall, how would you rate this conference?</b>        |                            |                            |                            |                       |
| Registration personnel/monitors:                                   |                       |                       |                           |                          | <input type="radio"/> Excellent                               | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |                       |
| (knowledgeable).....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | <b>8. Did you visit the exhibitors?</b>                       | <input type="radio"/> Yes  | <input type="radio"/> No   |                            |                       |
| <b>2. Hotel Facilities and Services</b>                            |                       |                       |                           |                          | <b>9. If yes, rate the following on the trade show floor:</b> |                            |                            |                            |                       |
| <b>(Bow Wow Bay)</b>   | <b>4</b>              | <b>3</b>              | <b>2</b>                  | <b>1</b>                 |   | <b>4</b>                   | <b>3</b>                   | <b>2</b>                   | <b>1</b>              |
| Accessibility .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | Availability of products.....                                 | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/> |
| Check in/out.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | Variety of exhibitors.....                                    | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/> |
| Restaurants.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | Show hours.....   | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/>      | <input type="radio"/> |
| Room accommodations.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | <b>10. What is the reason you came to the Conference?</b>     |                            |                            |                            |                       |
| Room rates.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | (Mark all that apply)   |                            |                            |                            |                       |
| <b>3. Meeting Facilities -</b>                                     |                       |                       |                           |                          | <input type="radio"/> Quality of seminars                     |                            |                            |                            |                       |
| <b>Conference &amp; Exhibits</b>                                   | <b>4</b>              | <b>3</b>              | <b>2</b>                  | <b>1</b>                 | <input type="radio"/> Career opportunities                    |                            |                            |                            |                       |
| Accessibility.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> Location                                |                            |                            |                            |                       |
| Facility layout.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> Exhibit Hall                            |                            |                            |                            |                       |
| Meeting rooms.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> Networking                              |                            |                            |                            |                       |
| Sound quality in meeting rooms.....                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> Dog Handling Certification Program      |                            |                            |                            |                       |
| <b>4. Special Events and Functions</b>                             | <b>4</b>              | <b>3</b>              | <b>2</b>                  | <b>1</b>                 | <b>11. My primary job responsibility is:</b>                  |                            |                            |                            |                       |
| Grooming Orientation.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | _____   |                            |                            |                            |                       |
| Opening Keynote (Sunday).....                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    | <b>12. I had authority to purchase at the show:</b>           | <input type="radio"/> Yes  | <input type="radio"/> No   |                            |                       |
| Opening Reception (Sunday).....                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    |   |                            |                            |                            |                       |
| Welcome Reception (Monday).....                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    |   |                            |                            |                            |                       |
| Dinner with Strangers.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    |   |                            |                            |                            |                       |
| Book Store.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>    |   |                            |                            |                            |                       |
| <b>5. Did you attend the anatomy roundtables?</b>                  |                       |                       |                           |                          |   |                            |                            |                            |                       |
|  |                       |                       | <input type="radio"/> Yes | <input type="radio"/> No |   |                            |                            |                            |                       |
| <b>If yes, did you obtain information you came for?</b>            |                       |                       | <input type="radio"/> Yes | <input type="radio"/> No |   |                            |                            |                            |                       |
| <b>Please list topics you would like for the 2007 Roundtables.</b> |                       |                       |                           |                          |   |                            |                            |                            |                       |
| _____  |                       |                       |                           |                          |   |                            |                            |                            |                       |
| _____  |                       |                       |                           |                          |   |                            |                            |                            |                       |

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please use the reverse side for any additional comments.

