



NATIONAL ASSOCIATION for the ADVANCEMENT of COLORED PEOPLE  
**Louisiana State Conference Annual Convention**  
 [Please return to a member of the Evaluation Committee]



## POST CONVENTION EVALUATION FORM

*The purpose of this evaluation is to generate feedback in the various areas, which can be used to plan future conventions. Your participation is greatly appreciated.*

**1. How did you hear of the Annual Convention?**

- TV       Newspaper       Member       Other \_\_\_\_\_

**2. What influenced you to attend? (check all that apply)**

- Registration fee       Speakers/Presentations  
 Convention location       Workshops/Seminars  
 Issues/Goals of the NAACP       Exchange of ideas with Members  
 Legal Plenary Session

**3. Were the sessions informative and did they address the stated topic?**

- Yes       No      If No, why not?

Name of Workshop: \_\_\_\_\_

Comment: \_\_\_\_\_

**4. Did the Annual Convention meet your expectations?**

- Yes       No      If No, please list the top reasons

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**5. What did you like most about the convention?** \_\_\_\_\_

**6. What did you like least about the convention?** \_\_\_\_\_

**7. What are the critical areas of improvement?** \_\_\_\_\_

**8. Please rate the following (check as appropriate)**

	EXCELLENT 4	GOOD 3	FAIR 2	POOR 1
A. Convention location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Hotel accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Length of sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Speakers/Presenters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Would you recommend the State Convention to friends/colleagues?**       Yes       No

**10. What position do you hold in your Unit or company?** \_\_\_\_\_

*Please return your Evaluation Form to a member of the Evaluation Committee or the Registration area.*