



# Evaluation Survey

Full Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Speaker \_\_\_\_\_

Company \_\_\_\_\_  
 Position \_\_\_\_\_  
 Twitter @ \_\_\_\_\_  
 Topic \_\_\_\_\_

## About the Session

You may **\*not\*** quote me.... And I do **\*not\*** want these comments made public

**Did you come tonight primarily for the**  Speaker  Topic  Other \_\_\_\_\_

**How did you hear about this session?**  Web  Email  Friend  Facebook  LinkedIn  Twitter  
 Other \_\_\_\_\_

	Excellent	Very Good	Good	Fair	Poor
<b>Overall value of the session?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Relevance of this technology to your work?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Speakers Effectiveness</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Length of session**  Too Short  Just Right  Too Long

**Would you come again?**  Definitely  Maybe  Doubt It

**I would like to see future talks about eg. MVC, Scrum, TFS Build...**

**What tips do you have for the speaker (or the organizers)?**

**List the three most important takeaways**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Would you like to receive information about the SSW .NET User Group by email?**  Yes  No

*Thank You!*

## About SSW

**What Consulting or Custom Development Services of SSW would you be most interested in?**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> RIA Development (Silverlight,WPF) | <input type="checkbox"/> SharePoint        | <input type="checkbox"/> Custom Solutions | <input type="checkbox"/> .NET Development |
| <input type="checkbox"/> Web Solutions                     | <input type="checkbox"/> Windows Solutions | <input type="checkbox"/> Access Solutions | <input type="checkbox"/> ASP.NET          |
| <input type="checkbox"/> CRM                               | <input type="checkbox"/> Training          | <input type="checkbox"/> TFS              | <input type="checkbox"/> Other _____      |

**Would you like to be contacted with regards to SSW training or consulting?**  Yes  No