SURVEY FORM

I-LinCP CITY Chapter

EVENT TITLE, MONTH DAY, YEAR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Excellent | Very Good | Good | Fair | Poor | Comment |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Event  | Location |  |  |  |  |  |  |  |
| Logistics (Ease of Attending) |  |  |  |  |  |  |  |
| Time of Day |  |  |  |  |  |  |  |
| Relevancy of Topic |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
| Accommodations |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Survey | 1- Is this your first time attending a Houston Chapter event? |  | Yes |  No |
| 2- Do you plan on attending future I-LinCP events? |  | Yes |  No |
| 3- How did you hear about today’s workshop? |  |  |
| 4- What, if anything, would you have done differently? |  |  |

**What additional topics would be helpful to you?**

Select your group(s): Owner Architect/Engineer Developer Contractor Other