



## VENDOR EVALUATION FORM

*NCAHRMM would appreciate your comments and suggestions about its Leadership Conference in its continuing effort to improve the event. Please indicate your response using the guideline of 1= low, 5=high*

**Rating of the conference (1=low, 5=high):**

	<b>Low</b>				<b>High</b>
a) Satisfaction with Location and Hotel	1	2	3	4	5
b) Set-Up Time and Ease	1	2	3	4	5
c) Time and duration of the conference	1	2	3	4	5
d) Information regarding conference timely and accurate	1	2	3	4	5
e) Ease of Payment for conference	1	2	3	4	5
f) Satisfaction with the flow of traffic in the Exhibit Hall	1	2	3	4	5
g) Satisfaction with Lunch in the Exhibit Hall	1	2	3	4	5
h) Satisfaction with Vendor Social	1	2	3	4	5
i) Quality of the overall conference	1	2	3	4	5

**General questions:**

- |   |     |    |
|---|-----|----|
| a) Are you an NCAHRMM member?   | Yes | No |
| b) Do you attend NCAHRMM conferences regularly?   | Yes | No |
| c) Would you exhibit if NCAHRMM choose to have the conference at this location again?           | Yes | No |
| d) Did you attend any of the sessions?  | Yes | No |
| e) Do you use the NCAHRMM website for registration or viewing updates?                          | Yes | No |
| f) What other Themes or Topics would you like to see incorporated into the NCAHRMM Conferences? |     |    |

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**Comments and suggestions:**

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**Optional:**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FAX TO 336-794-4095**  
**Attn: Jody Boroughs**