



Program Evaluation Form

LASBO Spring Conference
March 13-16, 2018
Sheraton New Orleans Hotel, New

Scale: A = Excellent B = Good C = Average D = Poor

Please rate the following:

- | | | | | |
|---|---|---|---|---|
| 1. Organization of the Seminar/ Registration Process..... | A | B | C | D |
| 2. Opening Ceremony and Speaker Ryan Lowe..... | A | B | C | D |
| 3. Concurrent Sessions | | | | |
| (Please circle the class you attended within each session and rate it) | | | | |
| • 1:00 p.m. I attended Class 1 or 2 | A | B | C | D |
| • 8:30 a.m. I attended Class 3, Class 4, Class 5, or Class 6..... | A | B | C | D |
| • 10:15 a.m. I attended Class 5, Class 6, Class 7, or Class 8..... | A | B | C | D |
| • 1:30 p.m. I attended Class 9, Class 10, Class 11, or Class 12..... | A | B | C | D |
| • 3:15 p.m. I attended Class 13, Class 14, Class 15, or Class 16..... | A | B | C | D |
| 4. Certification Program and Closing Speaker Ryan Lowe..... | A | B | C | D |
| 5. Benefit of Information Received/Overall Program rating..... | A | B | C | D |
| 6. Overall rating of the hotel facility to include the whole facility, the food,
the sleeping rooms, service, meeting rooms, availability of the things to
do nearby..... | A | B | C | D |
| 7. Do you plan to attend the 2019 LASBO Conference? YES NO | | | | |
| -Please estimate the total number of rooms you may need for next year. _____ Parish/District _____ | | | | |

Your Feedback Please:

Suggestions for improvements:

What topics would you like to see offered at future programs? Please include your ideas and suggested speakers. May I contact you to develop the idea further? *Please include your name and contact phone number.*

Additional Comments:

Thank you for your input!

Your feedback is valuable to the future planning of LASBO programs.