Program Evaluation Form/Survey
Institute of Industrial Engineers
{Insert your chapter name}  Chapter # {insert chapter #}

Meeting Date: ______________________  Location: ___________________________

Please take a few minutes to answer the following questions. Your answers will assist us in improving future meetings. Please contact {insert name of Programs Chair} if you have any questions or comments at {insert contact phone #}. Thanks for your time!

1) How did you hear about this meeting? (Circle all that apply)
   
   Newsletter  Friend  Phone  E-Mail  Other: ______________________________
   Call

2) Overall, how satisfied were you with the meeting?
   
   1  2  3  4  5
   Very Dissatisfied  Dissatisfied  Neutral  Satisfied  Very Satisfied

3) How timely was the meeting notification?
   
   1  2  3  4  5
   Too Late  Late  About Right  Early  Too Early

4) How was the location and time of the meeting?
   
   1  2  3  4  5
   Very Poor  Poor  Okay  Good  Excellent

5) How would you rate the facilities at the meeting? (Food, temperature, lighting, sound)
   
   1  2  3  4  5
   Very Poor  Poor  Okay  Good  Excellent

6) Would you like to have more speakers/presentations like this one in the future?
   
   1  2  3  4  5
   No  Probably Not  Maybe  Probably Yes  Definitely

7) What other presentations or facility tours would you like to see in the future? Do you know of a speaker or a facility that would be of interest to the chapter members?

   Additional Comments: _________________________________________________________
   __________________________________________________________
   __________________________________________________________

8) How important to you are the other services and products IIE offers as member benefits: local chapter newsletter/listserv, Industrial Engineer, journals, IIE Engineering & Management Press books, continuing education seminars, annual conference, IIE support of ABET accreditation process, IIE support of professional registration activities.

   1  2  3  4  5
   No Importance  Not Much Importance  Neutral  Important  Very Important

Please turn in completed surveys as you leave or mail to: {Insert Name, Mailing Address, and Fax number of Programs Chair}. 