



Speakers, Publishers & Authors Association

## MEETING FEEDBACK for SPAA

NAME: (optional) \_\_\_\_\_

TOPIC: \_\_\_\_\_

CHAPTER: \_\_\_\_\_

DATE: \_\_\_\_\_

QUESTIONS	1 = Strongly Disagree	2 = Disagree	3 = Agree	4 = Strongly Agree
SPAA members & leadership were accommodating & courteous?				
Meeting was just the right length?				
Presenters were professional, clear & knowledgeable?				
Training was very useful to me?				
I would recommend SPAA to others?				
Did you become a member today?				
What did you like the most about the meeting?				
What did you like least?				
What type of training would you like to see in the near future?				

*Thank You! Your feedback is sincerely appreciated.*