



NETWORK MEETING PARTICIPANT EVALUATION FORM

This document is for your internal network use and may help you maintain, expand and enhance your network.

Network Meeting Date.....

Venue.....State.....

Facilitator Name..... Participant Name.....
(Optional)

Profession.....

1. Why did you choose to attend this network meeting?

2. What did you like about the network meeting?

3. Do you have any suggestions or improvements for future network meetings?

4. Any other comments?
