



SPEAKERS BUREAU Feedback Form



Please take a few moments to complete this form and let us know how your speaking engagement went. We are always striving to improve our program and greatly value your input.

Contact Information

Contact Name: [Click here to enter text.](#)
Group/Organization Name: [Click here to enter text.](#)
Email Address: [Click here to enter text.](#)
Telephone Number: [Click here to enter text.](#)

Visit Information

Name of Speaker: [Click here to enter text.](#)
Topic: [Click here to enter text.](#)
Date of Visit: [Click here to enter text.](#)
Length of Talk: [Click here to enter text.](#)
Type of Audience: [Click here to enter text.](#)
Audience Size: [Click here to enter text.](#)

Overall Satisfaction

Did the speaker provide visuals or handouts? Yes No
Was there time for audience questions or participation? Yes No
Would you host another Speakers Bureau visit? Yes No

On a scale of 1 to 10 with 1 being low and 10 being high, how would you rate your overall satisfaction with this visit?

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> |

Spreading the Word

Would you recommend this speaker or invite him/her back again? Yes No

Additional Information

Please provide any additional comments regarding your visit/speaker and/or how we can improve our program. [Click here to enter text.](#)

Are there any other speakers you would like to see? [Click here to enter text.](#)

Thank you for participating in our Speakers Bureau. Please return your completed Feedback Form to: City of Sanford, City Manager's Office, PO Box 1788, Sanford, FL 32772-1788 or fax it to 407-688-5002.