



## Law Enforcement Torch Run Kick-Off Conference & Awards Banquet Evaluation

*Please take a few minutes to fill out this evaluation.  
Your input will help plan future conferences.*

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Opening Ceremonies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Luncheon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Concurrent Sessions</b>				
Torch Run Preparations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making the Ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Event Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awards Banquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Registration Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Entertainment</b>				
Casino Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live Auction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Feeling of Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the location influence your decision to attend? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you expect to attend next year and, based on your experience, would you encourage others to attend?

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**Thank You!**

**Suggestions for Improvement:** \_\_\_\_\_

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**Suggestions for Topics/Speakers for Next Year:** \_\_\_\_\_

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**General Comments:** \_\_\_\_\_

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**Name (optional):** \_\_\_\_\_

**I would like to help next year. Please contact me at:** \_\_\_\_\_

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***Thank You!***