

Presentation Feedback Form

Please return this form and the sign-up sheet to:

Field Intern

Friends Committee on National Legislation

245 Second St

Washington, DC 20002

(or Fax to 202-547-6019)

Presenter's Name: _____

Location of Presentation: _____ Date & Time: _____

Name of Event: _____

Audience: (Quakers, protesters, friends, mix?) _____

Number in attendance: _____ Duration of Presentation: _____ mins / hrs

Questions and Comments

Overall, how did you feel about your presentation? _____

What was the highlight or best part of the presentation? _____

Was there something you wish you had done differently? What was it? _____

What were some of the difficult questions asked about FCNL? _____

How could FCNL have made you feel better prepared? _____

Was there anyone FCNL should follow-up with immediately? _____

Please feel free to continue your answer to these questions or provide additional comments on the back of this sheet. Please call 1-800-630-1330 x 2505 with any questions.