



Deliver this form to:  
CFIC Staff  
or  
Fax to (919) 832-0812

## 2009 Convention Evaluation Form

To aid in the planning for the next Convention, we encourage member feedback on this year's event.

Please specify your membership category:     Retailer     Supplier     Broker

### SOCIAL EVENTS

On a scale of 1-10 with **10** being the **best**, how would you rate:

**Comments?**

**1. Thursday Opening Night NASCAR Reception.**

1   2   3   4   5   6   7   8   9   10

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**2. Friday Night Carnival/Reception.**

1   2   3   4   5   6   7   8   9   10

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**3. Friday Night Entertainment: The Fettucini Brothers.**

1   2   3   4   5   6   7   8   9   10

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**4. Friday Evening Band: Déjà vu'.**

1   2   3   4   5   6   7   8   9   10

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**5. Saturday Night President's Reception and Dinner.**

1   2   3   4   5   6   7   8   9   10

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**6. Saturday Night Entertainment: Scott Record.**

1   2   3   4   5   6   7   8   9   10

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**7. Saturday Evening Band: 17 South.**

1   2   3   4   5   6   7   8   9   10

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**8. The SNACK SHACK.**

1   2   3   4   5   6   7   8   9   10

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Entertainment recommendations for next year: \_\_\_\_\_

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## EDUCATIONAL SESSIONS

1. **Friday** morning Keynote/Motivation: **Joe Gibbs**  
 Excellent  Good  Average  Poor  Didn't Attend
2. **Friday** morning "Operating in Today's Economy": **Michael Sansolo**  
 Excellent  Good  Average  Poor  Didn't Attend
3. **Saturday** morning "Sustainable/Profitable – Making the Two Work Together" : **Michael Sansolo**  
 Excellent  Good  Average  Poor  Didn't Attend
4. **ONE-ON-ONE SESSIONS**  
 Excellent  Good  Average  Poor  Didn't Participate
5. The **PRESIDENTS' PRESENTATIONS**  
 Excellent  Good  Average  Poor  Didn't Attend
6. Recommended educational **topics** or **speakers** for next year? \_\_\_\_\_  
\_\_\_\_\_

## GOLF OUTING

If you participated in **golf** on Friday please rate Myrtlewood Golf Courses, with **5** being the **highest**.

1            2            3            4            5

## CHILDREN'S EVENTS

1. Did your children **participate** in either the Thursday or the Saturday Evening EVENT? \_\_\_ Yes \_\_\_ No
2. If yes, what **did they/you like**: \_\_\_\_\_  
If yes, what **did they/you dislike**: \_\_\_\_\_
3. What are your **suggestions** for future children's events? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL COMMENTS

1. What did you like **BEST** about this convention? \_\_\_\_\_  
\_\_\_\_\_
2. What did you like **LEAST** about this convention? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Optional

Company: \_\_\_\_\_  
Optional

**Thank you** for providing your opinions/suggestions.  
**Please return this evaluation** to any CFIC staff member or  
**FAX:** (919) 832-0812.  
If you prefer you may download this survey from the website,  
[www.cficweb.org](http://www.cficweb.org),  
**e-mail:** [chanaa@ncrma.org](mailto:chanaa@ncrma.org) or  
**mail to:** CFIC, PO Box 176001, Raleigh, NC 27619