

INTERNATIONAL CONFERENCE & DESIGN WORKSHOPS

FEEDBACK & EVALUATION FORM – No name required – ENGLISH please

A. GENERAL

1. From what University / country do you come from?	University: _____	Country: _____
2. What discipline do you study / practice?	Architecture: <input type="checkbox"/>	Landscape Architecture: <input type="checkbox"/>
	Design: <input type="checkbox"/>	Other: <input type="checkbox"/>
3. Have you previously attended a design workshop (in general)?	Yes: <input type="checkbox"/>	Which? _____
	No: <input type="checkbox"/>	
4. Have you previously attended an ECOWEEK workshop?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	If yes, when? _____	
5. Where did you hear about ECOWEEK 2012?	Internet: <input type="checkbox"/>	Site? _____
	Friend: <input type="checkbox"/>	
	Poster: <input type="checkbox"/>	Where? _____
	Printed press: <input type="checkbox"/>	Where? _____
	Other: <input type="checkbox"/>	Explain: _____
6. What attracted you to ECOWEEK 2012 conference & workshops?		
7. Member of ECOWEEK NET ?	Yes: <input type="checkbox"/>	Maybe: <input type="checkbox"/> No: <input type="checkbox"/>
8. Did you hear about ECOWEEK GREENHOUSE ?	Yes: <input type="checkbox"/>	Where? _____ No: <input type="checkbox"/>
9. Do you intend to join the ECOWEEK GREENHOUSE ?	Yes: <input type="checkbox"/>	City: _____ No: <input type="checkbox"/>
10. Share thoughts / ideas on how to make ECOWEEK better?		

B. KEYNOTE / LECTURES / CONSULTING SESSION

1. Did you attend the lectures?	Yes, all lectures: <input type="checkbox"/>	Why?
	No, only some: <input type="checkbox"/> How many? _____	
2. Did the lectures & speakers meet your expectations?	Yes: <input type="checkbox"/>	Why?
	No: <input type="checkbox"/>	
3. Which lecture / speaker was your favorite ? (once choice)		Why?
4. Which lecture / speaker was the worst ? (one choice)		Why?
5. Did you attend the consulting sessions (circle choice)?	Yes: <input type="checkbox"/> Which? ARUP IES	Good: <input type="checkbox"/> Bad: <input type="checkbox"/>
	No: <input type="checkbox"/>	Why? _____

C. WORKSHOPS :		
1. Which workshop did you participate?	Workshop number: W ____ Workshop name: _____ Name of workshop leader: _____	
2. Did you attend your first choice workshop?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If not, which was your first choice?
3. Was your experience of the workshop group:	Very Good: <input type="checkbox"/> Good: <input type="checkbox"/> Not so good: <input type="checkbox"/> Bad: <input type="checkbox"/>	Why?
4. Did you gain new knowledge / skills?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Why?
5. Did the workshop meet your expectations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Why?
6. What else did you expect to learn / do?		
7. After the workshop and lectures, do you feel more ready to apply green building principles & solutions to your work?	Yes: <input type="checkbox"/> Maybe: <input type="checkbox"/> Not yet: <input type="checkbox"/> No: <input type="checkbox"/>	Why?
8. Grade the workshop:	How would you grade your workshop? (circle your selection) Very bad 1 2 3 4 5 6 7 8 9 10 Very good	
9. Additional comments:		
D. SITE VISITS		
1. Did you attend the site visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No Site: _____	Very good: <input type="checkbox"/> Good: <input type="checkbox"/> Average: <input type="checkbox"/> Bad: <input type="checkbox"/>
E. ORGANIZATION		
1. How would you grade the following:	Website: Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Email updates / communication: Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Registration process: Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Changes in the program: Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Response to your inquiries: Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Information on workshops: Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Information on the speakers: Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/>	
2. Other comments:		
F. FUTURE / ACTIVE PARTICIPATION		
1. Do you plan to join again ECOWEEK workshops:	Yes, Belgrade, Serbia: <input type="checkbox"/> Yes, Middle East: <input type="checkbox"/> Yes, Thessaloniki, Greece: <input type="checkbox"/>	Yes, Copenhagen, Denmark: <input type="checkbox"/> Yes, Istanbul, Turkey: <input type="checkbox"/> Maybe, not decided yet: <input type="checkbox"/>
2. Suggest ECOWEEK in your country/city?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Country: _____ City: _____ or _____
3. Would you help organize ECOWEEK in your city?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes give us: Your name: _____ Your email: _____
4. Would you join ECOWEEK GREENHOUSE?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes give us: Your name: _____ Your email: _____

Thank you for filling out this form, and we look forward to seeing you at ECOWEEK again in the future! ☺