



Lafayette Commission on the Needs of Women

Serving the Lafayette Community

since 1976

Event or Project Name: _____

Date: _____

Committee: _____

Did the project and/or event increase your knowledge and/or awareness?

Yes Neutral No

Was the topic and/or project clearly addressed?

Yes Neutral No

Were participants able to ask questions and receive helpful information?

Yes Neutral No

Would you recommend this event and/or project to others to attend?

Yes Neutral No

What is your overall rating of this seminar and/or project?

Good Fair Poor

How could this event and/or project be improved? _____

List at least 3 topic(s) concerning women today? 1) _____

2) _____ 3) _____

Other Comments: _____

Please fill out information below if you would like to be on our mailing list for our newsletter and other LCNW information.

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Phone () _____

Are you interested in becoming a friend of the Lafayette Commission on the Needs of Women?

Yes No

Thank you for taking the time to fill out this form!