



# Breaking through Barriers

## Women's Summit on Work/Life Balance Evaluation Form

**Rate the overall quality of the information presented.**

(on a scale of 1-10, 10 being the best quality)

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

**Rate the overall quality of the speakers.**

(on a scale of 1-10, 10 being the best quality)

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

**Rate the overall quality of the venue.**

(on a scale of 1-10, 10 being the best quality)

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

**How did you find out about today's event?**

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**What was your favorite aspect of the event?**

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**What would make this event better?**

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**Are you a member of AAUW? Yes  No**

**Would you like to receive information on AAUW? Yes  No**

**Please include your contact information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_