

The Herb Society of America _____ District Gathering

Thank you for attending the _____ District Gathering! We hope this has been an enjoyable experience for you. Please take the time to fill out this form. The evaluation aids the District Steering Committee in planning future events. Please hand this form in, to receive a small gift. Forms may also be mailed to:

I have attended District Gathering(s) in the past ____ Yes ____ No

Approximately how many? _____

I am a _____ member at large _____ unit member _____ guest

What was your most enjoyable portion of this event _____

Rate the following activities between 1 and 10 with 10 being the highest of ratings.

ACTIVITY	RATING	COMMENTS
Hotel accommodations		
Meeting Facilities		
CLASS/SPEAKER		
CLASS/SPEAKER		
CLASS/SPEAKER		
CLASS/SPEAKER		
Pre-tours		
Lunch/Breakfast		
District Meeting		
The event as a whole		

I suggest the following presenter for future events _____

I suggest the following topics for future events _____

I suggest the following vendors for future events _____

I suggest the following location for future events _____

I would be willing to do a presentation at future events. My topic _____

I would like to serve on the District Gathering Committee by providing the following:

Add additional comments or suggestions in the space below.

Comments: _____

Guests are asked to complete this page only. Please return this form to enter your chance to win a gift.

Herb Society members, please also answer the questions on the back. *Thank you!*

The _____ Committee

The HSA Board has asked that we include the following questions. Your answers will help us plan future meetings and define the role and responsibilities of the District Membership Delegate.

IN ADDITION

Do you read the Membership Delegate's newsletter? Yes No

What part of the newsletter do you find the most beneficial _____

What topics/information would you like to see included: _____

Do you see a need for a district meeting during the annual conference? Yes No

Would you prefer social time instead of a district meeting at Educational Conference and/or the Annual Meeting of Members? Yes No

Would you like to have your unit/area host the next District Gathering? _____

Where would you like to see the next District Gathering? _____

How long have you been a member of The Herb Society of America? _____

If you are currently a member of HSA, why did you join? _____

What are your expectations of The Society? _____

Do you feel having a District Membership Delegate represent you on the National Board is helpful?

Would you like to get involved in The Herb Society at the national level? Yes No

Name (optional) _____