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In order that we improve upon existing working procedures within the CEPR Meetings Department, and provide feedback to the academic organizers, it is important that we receive any comments you may have from the conference/workshop you recently attended. The following questionnaire should only take a few moments of your time and we would very much appreciate your comments. Thank you.

Title of Conference/Workshop: _____

Date of Conference/Workshop: _____

Name: _____

Affiliation: _____

1. How would you rate the following-:

	Excellent	Very Good	Good	Fair
Pre-Meeting Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Information Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any further comments: _____

2. If applicable, did you use the website created for this meeting? Yes No

Any further comments (i.e. were you able to download information quickly; were the links helpful, etc):

3. Please rate the conference programme-:

	Excellent	Very Good	Good	Fair
Quality of Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of Programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Discussion (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any further comments: _____

4. Were there any other relevant areas missing from the programme?

5. Did you book your travel through Joint Venture Travel or Omni Travel, CEPR's dedicated travel agents?

Yes No

If yes, how did you find their service? _____

If no, why did you not use our dedicated travel agents? _____

**Please return to: Janet Seabrook, Meetings Manager
Centre for Economic Policy Research
90-98 Goswell Road, London EC1V 7RR
Fax +44 20 7878 2999 Email jseabrook@cepr.org)**

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