**Empowering Women Evaluation**

 **Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address: City: State: Zip: \_\_\_\_\_\_\_\_\_\_\_**

 **Presenter: [INSERT NAME HERE] Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Did the workshop meet your expectations?** YES SOMEWHAT NO

1. **Overall ratings:**

 *Excellent Fair Poor*

5 4 3 2 1

***Value of Information:***

5 4 3 2 1

***Clarity of Information:***

1. **I/We would like your monthly newsletter. YES NO email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **I/We would like more information about (circle one or more):**

Income Planning Investment Planning Tax Planning Healthcare Planning

1. **I/We would like a complimentary strategy session. YES NO**

**If bringing spouse/significant other, their full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please check the most convenient time/day for your strategy session:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **9:00am** | **RESERVED** |  |  |  |  |
| **10:30am** | **RESERVED** |  |  |  |  |
| **1:00pm** | **RESERVED** |  |  |  |  |
| **2:30pm** |  |  |  |  |  |
| **4:00pm** |  |  |  |  | **RESERVED** |
| **5:30pm** |  |  |  |  | **RESERVED** |

Cell Phone ( ) \_\_ -\_\_\_ to schedule.

 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Please indicate the approximate value of your retirement savings (excluding your primary residence):

 $250,000 or less \_\_\_ / $250,000-$500,000 \_\_\_ / $500,000-$750,000 \_\_\_ / $750,000-$1M \_\_\_ / $1M + \_\_\_