



Chapter: _____

Program Title: _____

Date: _____

Please circle the appropriate number.

1. Women's Council prides itself on providing exceptional value to its members through effective programming. Please rate relevancy of this program to your business.

Very Relevant <-----> Not Relevant
5 4 3 2 1

2. Please check one:

- I am a REALTOR® Member of this Chapter
- I am a National Affiliate Member of this Chapter
- I am a Local Affiliate Member of this Chapter
- I am a non-Member REALTOR®
- Other/Guest

3. Comments/suggestions for future programs:

Please return your evaluation to chapter officers.