

Bay County Library System Program Survey

Your feedback is very important to us! Please help us improve your library system. Thank you!

Name of Program: _____ Date: _____

Location: _____ Time: _____

How did you hear about the program? _____

Do you live in Bay County? Yes _____ No _____ If not, where do you live? _____

How many Bay County Library System programs have you attended during the past 12 months?

This is my first 2-3 4-5 6-7 More than 7

<i>Please rate the following:</i>	Strongly Agree		Neutral		Strongly Disagree	
I enjoyed this program.	1	2	3	4	5	
The event was well organized.	1	2	3	4	5	
The day and time of the event were convenient.	1	2	3	4	5	
The presenter was interesting and/or informative.	1	2	3	4	5	
I will attend future library programs.	1	2	3	4	5	

Comments: _____

Suggestions for future programs: _____

Would you like to receive a copy of our *Library Tidings* newsletter by mail _____ or email _____?
 Please also add me to the EMAIL list for special announcements and program updates. *Email address required.*

Name _____
Address _____
City _____ State _____ Zip Code _____
Email Address _____