

Audience Evaluation Form

Program title _____ Program Date _____

Audience Participant: In order to improve its programs and services, Mass Humanities would appreciate knowing your reactions to this program. Please take a few minutes before leaving to complete this brief questionnaire. Thank you.

Overall, how would you rate this program? (Please circle one.)

Excellent 5 4 3 2 1 Poor

What did you like about this program?

What could have made it better?

How did you find out about this program?

This program was paid for in part by your tax dollars. Do you feel that your money was well-spent? yes no

Are you currently receiving mailings from Mass Humanities? yes no

If you are not receiving mailings and would like to, please choose what you would like to receive from us and give us your information.

Electronic Mailings	Print Mailings
<input type="checkbox"/> Humanities eNews <input type="checkbox"/> Event Announcements by Region (select all regions that apply) <input type="checkbox"/> Berkshire <input type="checkbox"/> CT Valley <input type="checkbox"/> Central <input type="checkbox"/> Metrowest Boston <input type="checkbox"/> Greater Boston <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> Cape & Islands <input type="checkbox"/> Mass History News <input type="checkbox"/> Mass eMoments (<input type="checkbox"/> html or <input type="checkbox"/> plain text)	<input type="checkbox"/> Mass Humanities Newsletter <input type="checkbox"/> Mass History News (electronic and occasional print)
First Name:	First Name:
Last Name:	Last Name:
Email:	Street:
	City:
	State: Zip:

