

2008 NCADA's "Maximizing Profits in Turbulent Times"

Educational Symposium Evaluation Form

Please rate the items in section I, II and IV as follows:

Excellent - 4 Good - 3 Fair - 2 Poor - 1

I. Registration Process and Customer Service

- | | | | | |
|-------------------------------------|---|---|---|---|
| 1. Enrollment process by mail / fax | 4 | 3 | 2 | 1 |
| 2. NCADA staff responsiveness | 4 | 3 | 2 | 1 |

II. Overall Seminar Content

- | | | | | |
|--|---|---|---|---|
| 1. Ideas and information had value for my work | 4 | 3 | 2 | 1 |
| 2. Offerings matched marketing descriptions | 4 | 3 | 2 | 1 |
| 3. Handouts and CD added value | 4 | 3 | 2 | 1 |
| 4. Sessions met my expectations | 4 | 3 | 2 | 1 |
| 5. My overall rating of this seminar | 4 | 3 | 2 | 1 |

III. Speaker Evaluations

Using the course offerings matrix, indicate which breakout sessions you attended by rating them in terms of relevance and overall value.

Educational Breakout Sessions	Variable Ops Track (4-1)	Fixed Ops Track (4-1)	Marketing Track (4-1)	Admin/Legal/HR Track (4-1)
Session #1 - 10:00am				
Session #2 - 11:00am				
Session #3 - 1:30pm				
GM/Chry.- 1:30pm				
General Sessions	Session	Overall Rating (4-1)	Comments	
Chip Thomas	Opening			
Maj. Gen. Dickerson	Closing			

Additional Comments: _____

IV. Meeting Location and Breaks

- | | | | | |
|--|---|---|---|---|
| 1. How satisfied were you with the quality and presentation of the refreshments and meals? | 4 | 3 | 2 | 1 |
| 2. Overall, how satisfied were you with this hotel as a meeting site? | 4 | 3 | 2 | 1 |

V. About You

- | | | | | |
|--|-------|-----|------|-----|
| 1. Years of experience in current field: | 0-2 | 3-5 | 6-10 | 10+ |
| 2. Position in dealership: | _____ | | | |

VI. Tell Us More

- | | | | |
|--|-------|-----------|----|
| 1. Would you attend this type of event again? | Yes | Undecided | No |
| 2. How can we improve this event? | _____ | | |
| 3. Would you like to receive our electronic newsletters? If so, please provide us with your Full Name and current email address: | _____ | | |

Please Complete and Return to NCADA by November 28th via fax at (919) 829.9525