

2021 Annual Archdiocese of Philadelphia CCR Conference
OnLine Evaluation Form

Circle the response closest to your opinion and briefly comment where indicated. Send additional comments to Liaison@phillyspirit.com

	Excellent	Good	Fair	Poor
1. Challenge to Spiritual growth	1	2	3	4
2. Overall program/schedule	1	2	3	4
3. Please rate your overall On-line viewing experience	1	2	3	4
4. Music -Worship- Praise	1	2	3	4
5. Speakers				
Fr. Chris Walsh	1	2	3	4
Deacon Larry Oney	1	2	3	4
6. Witnesses/Testomonies	1	2	3	4
7. Ease of Pre Registering	1	2	3	4
8. Likelihood of rebooking next year	1	2	3	4
9. Do you have a suggestion/preference for future speakers?				(Name) _____
10. Do have future topics or themes to be considered?				(Your ideas) _____
11. Would you recommend the Conference to others?	<u>Y</u>	<u>N</u>		

12. How did you hear of this Conference (Please check all that apply)	<input type="checkbox"/> Archdio of Phila web	<input type="checkbox"/> K-Love	<input type="checkbox"/> Instagram
	<input type="checkbox"/> Catholic Philly	<input type="checkbox"/> Constant Contact	<input type="checkbox"/> Prayer Group
	<input type="checkbox"/> Domestic Church Media	<input type="checkbox"/> Parish Bulletin	<input type="checkbox"/> Relevant Radio
	<input type="checkbox"/> Facebook/Twitter	<input type="checkbox"/> Parish poster	<input type="checkbox"/> Speaker's web
	<input type="checkbox"/> Holy Spirit Radio	<input type="checkbox"/> Personal Invite	<input type="checkbox"/> Spirit Daily
	<input type="checkbox"/> In His Sign Radio	<input type="checkbox"/> Phillyspirit.com	<input type="checkbox"/> Leaders Day
	<input type="checkbox"/> Abby Fest	<input type="checkbox"/> Malvern Retreat	<input type="checkbox"/> Word of Mouth
			<input type="checkbox"/> Other

13. How were you touched by this Conference. Please describe. (Use other side of Paper if needed) _____

14. Brief Comment/Suggestions: _____

Information:	Please print your name, address, phone number and e-mail address	
Optional	NAME _____	
	ADDRESS _____	
	PHONE _____	
	E-Mail Address _____	
	Prayer Group _____	
	Church/Parish _____	
	Would you like to help us in the work of Renewal in your parish or County? Y N	
	Area of interest: Youth Young Adult Prayer Group Music	
	Would you like more information about becoming a financial partner for this ministry? Y N	
	Would you like us to notify you of future events? Y N	