

Brandeis University Reunion 2004

Evaluation Form

The Office of Development and Alumni Relations would like to thank you for returning to the Brandeis University campus for your class reunion. We hope you enjoyed your visit with classmates and friends. Please take a moment to review the weekend's events by filling out this evaluation form. Our goal is to make Reunion as fulfilling and fun as possible for you, our alumni. If there's anything we can do to improve our program or your experience, we want to hear it!

After completing this form, please return it to the Reunion Office either in the enclosed envelope or by fax (781-736-4101). You may also fill out this form on the web at: <http://alumni.brandeis.edu/web/reunions/2004/evaluation.html>.

Thank you for your participation.

1. Class Year: _____

2a. Please indicate your favorite Reunion activities. (Check up to five only)

- | | |
|---|---|
| <input type="checkbox"/> Reunion Registration | <input type="checkbox"/> Alumni Authors Reception |
| <input type="checkbox"/> Alumni College | <input type="checkbox"/> Saturday Gala Dinner |
| <input type="checkbox"/> Campus Tour | <input type="checkbox"/> Personal Meditation Time |
| <input type="checkbox"/> University Welcome Reception | <input type="checkbox"/> Reunion Memorial Service |
| <input type="checkbox"/> Shabbat Services | <input type="checkbox"/> Farewell Jazz Brunch |
| <input type="checkbox"/> Dinner On Your Own (Friday) | <input type="checkbox"/> Class Programs |
| <input type="checkbox"/> Admissions Program | <input type="checkbox"/> Use of campus facilities |
| <input type="checkbox"/> Saturday Morning Presentation(s) | <input type="checkbox"/> Campus bookstore visit |
| <input type="checkbox"/> Ralph Norman Barbecue | <input type="checkbox"/> Rose Art Museum Tour |
| <input type="checkbox"/> Alumni Artists Reception | <input type="checkbox"/> Other: _____ |

2b. Comments? (Optional)

3a. Please indicate your least favorite Reunion programs. (Check up to three only)

- | | |
|---|---|
| <input type="checkbox"/> Reunion Registration | <input type="checkbox"/> Alumni Authors Reception |
| <input type="checkbox"/> Alumni College | <input type="checkbox"/> Saturday Gala Dinner |
| <input type="checkbox"/> Campus Tour | <input type="checkbox"/> Personal Meditation Time |
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| <input type="checkbox"/> Saturday Morning Presentation(s) | <input type="checkbox"/> Campus bookstore visit |
| <input type="checkbox"/> Ralph Norman Barbecue | <input type="checkbox"/> Rose Art Museum Tour |
| <input type="checkbox"/> Alumni Artists Reception | <input type="checkbox"/> Other: _____ |

3b. Comments? (Optional)

4. Suggestions/ideas for future Reunion planning:

5. Would you be interested in serving on your next Reunion Committee? Yes / No

6. Name (Optional): _____

Thank you for your input. We look forward to seeing you at your next Reunion on June 5-7, 2009!

Please return your evaluation in the enclosed envelope to:

Brandeis University
Reunion Office
Mailstop 124
P.O. Box 549110
Waltham, MA 02454-9110