

TCVC RETREAT EVALUATION

	Disagree			Agree	
Would you like to attend another retreat with this teacher?	1	2	3	4	5
Did you find the facility satisfactory?	1	2	3	4	5
Did you have adequate information about the retreat?	1	2	3	4	5
How did you hear about TCVC retreats?					
<input type="checkbox"/> Meditation Center: _____					<input type="checkbox"/> Sitting Group: _____
<input type="checkbox"/> Website: _____					<input type="checkbox"/> TCVC Email: _____
<input type="checkbox"/> Word of mouth: _____					<input type="checkbox"/> Other: _____
Where are you from?					
<input type="checkbox"/> Twin Cities <input type="checkbox"/> Greater Minnesota <input type="checkbox"/> Wisconsin City: _____					
<input type="checkbox"/> Other: _____					
How many previous TCVC retreats have you attended?	<input type="checkbox"/> First Retreat	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11 plus
How can we improve your retreat experience? (Please use the other side if you need more space.)					

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