



CDFA Conference Feedback Form

NAME: _____

1. Why did you come? _____

2. Did the conference meet your expectations? _____

3. What did you like about?

- A. Worship _____
- B. Workshops _____
- C. Electives _____
- D. Panel _____
- E. Evening Concerts _____
- F. Venue _____

4. Indicate by giving a rating:

1 – Excellent 2 – Very Good 3 – Good 4 – Average 5 - Poor

____ Quality of Teaching
____ Workshop Choices
____ Program / Timetable
____ Venue
____ Food
____ Information given prior to the conference
____ Evening Concerts



5. What was the highlight for you? _____

6. Suggestions for Improvement _____

7. Future Program Ideas _____

8. Tell us briefly your conference story eg your testimony _____

9. What are you pregnant with? _____

10. Any other comments _____

Please submit form to Sharon Allibone, Sharon West or Rebecca Roberts by the end of the conference or email asap to conference@cdfa.org.au