



Special Industry Group Evaluation Form

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1) Is this the first time you have attended a SIG? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Did this SIG meet your expectations in terms of: | | |
| a) Networking | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Format | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Facilitators | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Interaction | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Information | <input type="checkbox"/> | <input type="checkbox"/> |

3) How can we make this SIG better in the future?

4) What topics/issues would you like to see addressed in the future?

Please complete and return upon conclusion of SIG or fax to:

*Lorraine Mazza, Staff Vice President
International Council of Shopping Centers•
732-694-1745 (fax)*

NAME: _____

TITLE: _____

ADDRESS: _____

WORK PHONE: _____ **CELL:** _____

EMAIL: _____ **FAX:** _____

