

## **Post Event Questionnaire**

(Submit this completed form to *payment@cosaction.com* no later than 14 days after the event) Download and type directly in form – There is no need to print.

YOUR INFORMATION			
Name:	State:	Position:	
Email:	Pho	ne Number:	
EVENT INFORMATION			
Event Name:			
Event Dates:t			
Attendance: Expected:			
Volunteers:			
How many COS volunteers worked at this event?			
How many people signed up to be a new volunteer while at the event?			
Petitions Collected:			
Hard Copy/Paper Copy:			
Electronic: Tablets/Raspberry Pi/	Online, etc:	(not from QI	R codes)
YOUR FEEDBACK			
Was the event successful? (If yes, what made it successful? If no, what do you think would have			
helped to have made it successful?)			
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Is there anything you would do differently next time?			
What was the general traffic flow of the overall event as compared to the traffic flow at			
your COS booth/table?			
What was the approximate number of people who visited your booth? How would you describe the			
level of interest?			
Do you have any creative ideas to suggest for booths at events?			
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If you collected any video or photos during the event,			
please forward them to our videographer at this link so we can promote it on social media.			

**COSA Office Use Only** 

Date Received:

This questionnaire was submitted: On-time

Late