



CALFED
BAY-DELTA
PROGRAM

Workshop Evaluation

September 14, 1995

Thank you for participating in today's workshop. In an effort to improve the content and format of future workshops, we ask you to answer the following questions.

1. On a scale of 1 to 10 (10 being the highest) was the day productive and valuable?

1 2 3 4 5 6 7 8 9 10

2. Are you likely to attend future CALFED Bay-Delta Program workshops?

1 2 3 4 5 6 7 8 9 10

3. For the following areas, please list any changes you would make to the workshop.

Speakers _____

Format and process _____

Location and timing _____

Other _____

Name (optional:) _____ Organization: _____

Please return this form at the workshop or mail to:



CALFED
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1416 Ninth Street, Suite 1155
Sacramento, CA 95814



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Public Input

Date: _____

The CALFED Bay-Delta Program welcomes your participation. Please use the space below for your written comments.

If your comments are related to a CALFED public workshop or meeting, what was the date of that event? _____

Comments: _____

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Check here if your are *not* on our mailing list but would like to be added: _____

Please return this form to:



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