

**Please return this questionnaire to a member of the events team on the day or by email to
events@house-builder.co.uk**

A draw will take place on Friday 2 October of all returned questionnaires from the *HBF Technical Conference*.
The winner will receive a bottle of Champagne!

NAME _____

POSITION _____

ORGANISATION _____

ADDRESS _____

EMAIL _____

Please tick if you would like us to send you a CPD certificate

1. Where have you travelled from today and approximately how many miles?

Location _____ Miles _____

2. What mode of transport did you use to attend the conference?

Train Car other _____

3. Where did you find out about this conference?

- | | | |
|--|---|---|
| <input type="checkbox"/> Housebuilder email | <input type="checkbox"/> SIG Insulation | <input type="checkbox"/> www.house-builder.co.uk |
| <input type="checkbox"/> Housebuilder advert | <input type="checkbox"/> Direct mail | <input type="checkbox"/> HBF Weekly News |
| <input type="checkbox"/> News/Events alert | <input type="checkbox"/> Colleague | <input type="checkbox"/> www.hbf.co.uk |
| <input type="checkbox"/> Marshalls | <input type="checkbox"/> Twitter | <input type="checkbox"/> Other _____ |

4. What is your main reason for attending the conference? (Tick all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Information update | <input type="checkbox"/> Networking opportunity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> New to the industry | <input type="checkbox"/> Regular attendee | <input type="checkbox"/> To hear speaker _____
(Speaker name) |

5. How would you best describe the conference and did it meet your expectations?

6. What experience and knowledge will you take away from this conference?

7. Were there any subjects missing from this conference that you would like to see at future events?

8. Please evaluate the conference using the scale below:

1.Poor

2.Satisfactory

3.Good

4.Very Good

5.Excellent

SPEAKERS	EVALUATION	COMMENTS										
Dave Mitchell <i>HBF</i>	<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Thank you for completing this questionnaire. Your comments will help us improve our conferences, seminar events and literature in the future.