# NZPPA 10th Annual Payroll Conference EVALUATION FORM

We would very much appreciate you taking the time to complete this form and handing into the NZPPA registration desk by the end of the conference.

Name: ............................................................................................

Organisation: ...................................................................................

E-Mail: ...........................................................................................

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| Did you feel the programme delivered the information advertised - was this information useful? | [Yes] [No] |
| Did the programme meet your expectations? | [Yes] [No] |
| If No why? | |
| What topics would you want next time around? | |
| Did you feel any information was omitted from the presentations – if so please list. List things that did / did not work for you: | |
| Are there other vendors / organisations that you would like to see represented at future events? Please list: | |