

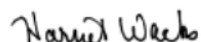
The Holocaust Center
Boston North Inc.
82 Main Street, Peabody, MA 01960
978-531-8288
holocaustctrbn@yahoo.com
www.holocaustcenterbn.org

Thank you for hosting a presentation of the Holocaust Legacy Partners Program. We greatly appreciate your honest evaluation of the program.

We ask that the organizer of the event complete the Evaluation Form, and the audience complete the feedback form (please make copies for distribution). Within a week of the presentation, please return forms to The Holocaust Center at the address.

For more information about the Holocaust Legacy Partners Program or about The Holocaust Center Boston North, please call 978-531-8288 or visit our website at www.holocaustcenterbn.org.

Sincerely,



Harriet Wacks
Executive Director

**The Holocaust Center
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**Holocaust Legacy Partners Presentation
Evaluation Form**

To be completed by person responsible for organizing the presentation

Name of Person Completing Evaluation _____

Email _____ Phone _____

Date of Presentation _____

Location _____

Briefly describe audience _____

Name of Holocaust Legacy Partner _____

Clarity of Presentation Excellent Good Fair Poor

Interest of Audience Excellent Good Fair Poor

Did the presentation: Meet your expectations
 Exceed your expectations
 Fall short of your expectations

Best part of presentation: _____

Suggestions for improvement: _____

Additional Comments: _____

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Holocaust Legacy Partners Presentation

Feedback Form

We appreciate your feedback about the presentation. Please print clearly.

Quality of Presentation **Excellent** **Good** **Fair** **Poor**

Something new you learned: _____

Best part of presentation: _____

Suggestions for improvement: _____

Comments: _____
