



Post Event Evaluation

Event Name: _____

Date: __/__/____

Location: _____ County _____

Contact Person: _____

Additional Cost Incurred: (parking, extra printing, ads)

\$ _____

Medicare Sales _____ Medicare Leads _____

U65 Sales _____ U65 Leads _____

of Attendees _____

What would you do differently? _____

Would you repeat this event? ___ Yes ___ No :

Why? _____

Agents Worked: _____

Material Used: _____

Please send photo of you at the event to Melanie.

**RETURN COMPLETED FORM TO: MLivingstone@Murrayins.net/"cc"
RCline@murrayins.net. ALL SUPPLIES MUST BE RETURNED WITHIN
ONE WEEK OF EVENT.**