

Exhibitor's Evaluation

Exhibitor/Organization _____ Booth number _____

Your name _____ Phone number _____

1. Please rate the following aspects of the _____ County Health Fair.

	Excellent	Fair	Poor
Attendance			
Pre-planning			
Management			
Facilities			
Location of booth			
Booth space			
Publicity			
Comments or suggestions for change:			

2. If another Health Fair was held, would you participate? Yes No

3. Please estimate the number of participants you actually talked with. _____

4. Please estimate the number of publications handed out from your booth. _____

Thank you for your participation.