

SPEAKER EVALUATION REPORT FOR CONFERENCE CATHERING
Women of the ELCA Northeastern Minnesota Synod Woman's Organization

YEAR _____ Fall _____

Conference _____ Spring _____

PRESENTER:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____ Speaker fee _____

TOPIC: _____

Evaluation: _____

PRESENTER:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____ Speaker fee _____

TOPIC: _____

Evaluation: _____

Secretary _____ Phone # _____

Copy as necessary