



Confidential Visitor Evaluation

Providing Valuable Feedback

Chapter _____ Date _____

1. Please list (in order of importance) the three things that impressed you the most about today's meeting:

2. Did the chapter make you feel welcome? Very Somewhat Uncertain

3. Were you able to give and/or receive referrals? None Some Many

4. Did someone act as a host, making introductions and "walking" you through the meeting? Yes No

5. Did you receive a visitor information envelope? Yes No

6. After the meeting, did someone explain the commitments of membership and the application process? Yes No

7. Have you been involved with a business referral group before? Yes No

8. If yes, how does this compare? Better Same Not quite as good

9. To what degree do you think this group will be of value to you? Excellent Good Poor

10. How did you hear about BNI? (Please describe) Friend Newspaper Other

10. Your name (optional) _____

11. Additional comments

Thank you for helping us make the BNI experience a memorable one. Please return this evaluation form to your Visitor Host or fax to the BNI Oregon & SW Washington regional office at 503-621-3274.