



**2007 Member Survey**

We're very interested in your views on what we can do to meet your needs. Please take a few minutes and fill out this survey – either online or on paper. Your comments and suggestions will help us provide the quality services that you are looking for.

Sincerely,  
John Cyr  
President  
Connecticut Chapter of ASTD

**Please return this survey by January 17<sup>th</sup>. Thanks.**

1. Are you an ASTD Member? Yes \_\_\_ No \_\_\_ National? \_\_\_ and/or Chapter? \_\_\_

2. What is your position? Trainer \_\_\_ Educator \_\_\_ Manager \_\_\_ Consultant \_\_\_  
Other (please describe) \_\_\_\_\_

Setting: Business/Industry \_\_\_ Government \_\_\_ Non-profit \_\_\_ Academic \_\_\_

3. What attracts you to meetings? (Mark all that apply)

- a. \_\_\_ Convenient program time
- b. \_\_\_ Convenient program date
- c. \_\_\_ Program topics interest me
- d. \_\_\_ I feel welcome at programs
- e. \_\_\_ Opportunity to network/meet new professional peers
- f. \_\_\_ Other \_\_\_\_\_

4. If you do not attend meetings, what is the reason? \_\_\_\_\_  
\_\_\_\_\_

5. What is the best time (or times) for you to attend a program?

Breakfast \_\_\_ Lunch \_\_\_ Happy Hour \_\_\_ Dinner \_\_\_

6. What are the best program days for you? Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

7. What are the best program weeks for you? 1<sup>st</sup> week \_\_\_ 2<sup>nd</sup> week \_\_\_ 3<sup>rd</sup> week \_\_\_ 4<sup>th</sup> week \_\_\_

8. Please rate the importance to you of each of these services  
(3 –Very important, 2-Important, 1-Not very important)

- |   |                             |
|---|-----------------------------|
| a. ___ Monthly Programs                       | b. ___ Tours of facilities  |
| c. ___ A position referral service            | d. ___ Membership Directory |
| e. ___ Networking at meetings                 | f. ___ Chapter Newsletter   |
| g. ___ Other (please describe, if any): _____ |                             |

**Please use another sheet of paper, if necessary, to provide the following information.**

9. Your suggestions for:

A. Program topics for monthly meetings that would be of interest to you or other members. (Who might conduct these programs?)

B. Tours of training facilities/companies. (If you know of someone, who should we contact?)

C. Other ways that we might provide better services to members?

**Please return by January 17, 2007, via**

**Mail: CTASTD, 48 Lardner Road, Bristol, CT 06111, or**

**Fax : 1-860-465-8163, or**

**E-mail: CTASTD@aol.com, or**

**Online.**

**Thank you for your help!**