

# QUEENS MEMORY

## Participant Feedback

Have you been to a Queens Memory event before?  Yes  No

How did you hear about the event? \_\_\_\_\_

Why did you come to this event? \_\_\_\_\_

Did you learn anything new? What did you learn about? \_\_\_\_\_

What was the highlight of the event for you? \_\_\_\_\_

Did you meet anyone new who was ...  from a different generation?

from a different culture?

from your neighborhood?

How could this event have been improved? \_\_\_\_\_

What year were you born? (This is so we can understand which age groups we are engaging).

What is your zip code? \_\_\_\_\_ (So we can know if we are attracting a local audience).

Additional Thoughts \_\_\_\_\_

### Contact Information (Optional)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_