

**Association for Accounting Marketing ■ AAM Summit 2009: Marketingpalooza
June 2 - 5, 2009 ■ Austin, Texas
Attendee Evaluation**

We need your ideas, thoughts and suggestions in developing a meeting that meets your professional needs. Please take a moment to complete this evaluation and fax it to 816.472.7765 at your earliest convenience. Thank you for your participation and support!

EVALUATIONS MAY BE TAKEN ONLINE AT WWW.ACCOUNTINGMARKETING.ORG

Section I - General Sessions & Special Events

Rank the events (4 for excellent; 1 for poor)

High 4 3 2 1 Low

Trends, Tech and Taking the Lead – Scott Klososky

Information/Topic	[]	[]	[]	[]
Speaker	[]	[]	[]	[]
Value of Session	[]	[]	[]	[]

Optimizing Your Firm for the Future – Barry Melancon

Information/Topic	[]	[]	[]	[]
Speaker	[]	[]	[]	[]
Value of Session	[]	[]	[]	[]

Best Practices Luncheon

Information/Topic	[]	[]	[]	[]
Moderator	[]	[]	[]	[]
Value of Session	[]	[]	[]	[]

How to Connect with People Not Like You – Kelly McDonald

Information/Topic	[]	[]	[]	[]
Speaker	[]	[]	[]	[]
Value of Session	[]	[]	[]	[]

Marketing Masters Panel Luncheon

Information/Topic	[]	[]	[]	[]
Speakers	[]	[]	[]	[]
Value of Session	[]	[]	[]	[]

Come Out on Top Panel

Information/Topic	[]	[]	[]	[]
Speakers	[]	[]	[]	[]
Value of Session	[]	[]	[]	[]

General comments regarding any of the above speakers/events, or suggestions for other keynote speakers:

If you did **NOT** attend a pre-conference educational event, please indicate why:

Time of event No interest in topics Both Other _____

Section 2 – Exhibit Hall

- | | |
|--|--|
| 1. Approximately, how much time did you spend in the exhibit hall? | _____ |
| 2. Did you have enough time to visit the exhibit hall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did you use the Internet Kiosk? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional comments/suggestions/special features to improve the exhibit hall:

See other side

I would like additional information on the following exhibitors (complete contact information in the lower section):

- | | | |
|---|---|---|
| <input type="checkbox"/> Audit Analytics | <input type="checkbox"/> BizActions | <input type="checkbox"/> CCH, a Wolters Kluwer business |
| <input type="checkbox"/> Cole Valley Software, Inc. | <input type="checkbox"/> CPA Marketing Group | <input type="checkbox"/> Crown Jack Group |
| <input type="checkbox"/> Delphia Consulting, LLC | <input type="checkbox"/> E. Mochila, Inc. | <input type="checkbox"/> Golden Marketing, Inc. |
| <input type="checkbox"/> Greenfield/Belser Ltd. | <input type="checkbox"/> Ingenuity Marketing Group, LLC | <input type="checkbox"/> LexisNexis |
| <input type="checkbox"/> Lockhart Industries, Inc. | <input type="checkbox"/> MSI Global Alliance | <input type="checkbox"/> PDI Content & Publications |
| <input type="checkbox"/> PDI Global, Inc. | <input type="checkbox"/> The GROWTH Partnership | <input type="checkbox"/> The Rainmaker Academy |
| <input type="checkbox"/> The Sant Corporation | <input type="checkbox"/> Tuttle Printing & Engraving | |

Section 3 - Hotel/Accommodations/Food

4. Did you enjoy Hilton Austin as a meeting facility? Yes No
5. Did you enjoy Austin as a meeting location? Yes No
6. Please rate the hotel for the following:

	Rank the events (4 for excellent; 1 for poor)			
	High 4	3	2	1 Low
Accommodations	[]	[]	[]	[]
Service	[]	[]	[]	[]
Value (room, food, etc.)	[]	[]	[]	[]
Location	[]	[]	[]	[]
Food (meals, receptions, etc.)	[]	[]	[]	[]

8. What cities would you like to see host future AAM Summits?

9. If AAM were to host a future summit offshore (i.e. Hawaii, Mexico, Caribbean), would you attend/be able to attend?

Yes No Not sure

10. What is the best time of year for you to attend an AAM Summit?

No change, I prefer early June Early in the year Late in the year

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-
- I would like to receive CPE Credit for attending the **General Sessions**.

(Contact information is required for **CPE credit** and for additional **Exhibitor Information**)

Please print:

Name: _____ Company: _____

Address: _____

City, State, ZIP, Country: _____

Phone: _____ Signature: _____

Completed evaluations and attendance forms must be signed for CPE credit

**MAIL OR FAX TO: Association for Accounting Marketing, 400 Admiral Blvd.
Kansas City, MO 64106; Fax 816.472.7765**

Thank you for taking time to complete this evaluation.