

ESL CONVERSATION CIRCLE
New Westminster Public Library

FEEDBACK FORM



Date: _____

Facilitators' Names:

Number of people who attended: _____

Comments: (your comments, request for materials or information, participants comments, anything else):

After each program, give this form to Stephanie Crosbie, Librarian, or leave at the Inquiry Desk in the Library.

Phone: New Westminster Public Library 604-527-4665

Email: scrosbie@nwpl.ca

