FEEDBACK FORM

Date: __________________________________________

Facilitators’ Names:

____________________________________________________________

____________________________________________________________

Number of people who attended: ______________________________________

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

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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