**2014 OASFAA Spring Conference**

**“The Spirit of Oklahoma”**

**Overall Conference Evaluation**

Is this your first OASFAA Conference \_\_\_\_\_Yes \_\_\_\_\_ No

Check One: \_\_\_\_4-year Public \_\_\_\_4-year Private \_\_\_\_Proprietary

\_\_\_\_2-year Institution \_\_\_\_Technical School \_\_\_\_Other

\_\_\_\_Vendor \_\_\_\_Guarantee Agency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please rate the following:** | **Above Average** | **Average** | **Below Average** | **Did Not Attend** |
| On-line registration |  |  |  |  |
| On-site registration |  |  |  |  |
| Conference Location: Reed Center, Midwest City, OK |  |  |  |  |
| Conference Food |  |  |  |  |
| Conference Hotel |  |  |  |  |
| Keynote: Robin Marsh |  |  |  |  |
| General Session: Verification – Trevor Summers |  |  |  |  |
| 150% Limit on Direct Loan Interest Subsidy |  |  |  |  |
| OTAG for Career Technology Centers |  |  |  |  |
| Social Media and the Financial Aid Office |  |  |  |  |
| General Session – Federal Update – Trevor Summers |  |  |  |  |
| C Flags |  |  |  |  |
| NSLDS Reports |  |  |  |  |
| Current Issues – Best Practice (Panel) |  |  |  |  |
| Consumer Information |  |  |  |  |
| Ins and Outs of Student Loan Repayment |  |  |  |  |
| Best Practices for Career Centers: Financial Aid Folders |  |  |  |  |
| Sector Meetings |  |  |  |  |
| Entertainment: Hypnosis with Mike Breeze |  |  |  |  |
| Fundraiser activities |  |  |  |  |
| Selection and diversity of sessions |  |  |  |  |
| State Regents’ Update |  |  |  |  |
| What is your overall impression of this conference? |  |  |  |  |

Please explain any “**Below Average**” ratings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any ideas you have for **SESSION TOPICS** for future conferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any ideas you have for **KEYNOTE SPEAKERS** for future conferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any **comments** or **suggestions** to improve future conferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please leave your completed evaluation in the box at the registration table or Fax to:**

Carol Stanfield

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**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_