

**Texas AWWA SATELLITE CONFERENCE  
GROUND WATER RULE  
JULY 17, 2009  
EVALUATION**

Please check one box for each applicable question:

<p>How far did you travel to attend this satellite conference?</p> <p><input type="checkbox"/> Less than 20 miles <input type="checkbox"/> 20-50 miles <input type="checkbox"/> 51-100 miles <input type="checkbox"/> More than 100 miles</p> <p>How did you hear about this program? (check all that apply)</p> <p><input type="checkbox"/> Satellite teleconference <input type="checkbox"/> TAWWA publication (Texas H2O, etc) <input type="checkbox"/> Other Section publication _____(Section) <input type="checkbox"/> Internet or via email <input type="checkbox"/> Brochure <input type="checkbox"/> Other (Please Specify) _____</p> <p>Are you an AWWA member?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many TAWWA satellite teleconferences have you attended?</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> More than 10</p> <p>Was today's program relevant to your work?</p> <p><input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Fairly <input type="checkbox"/> Not at all</p> <p>Was today's program effective?</p> <p><input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Fairly <input type="checkbox"/> Not at all</p>	<p>Please rate today's program overall:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>If you work for a utility, what size system is yours?</p> <p><input type="checkbox"/> Small (&lt; 10,000 population served) <input type="checkbox"/> Medium (10,000-100,000 population served) <input type="checkbox"/> Large (&gt; 100,000 population served)</p> <p>Which job title best describes your current position?</p> <p><input type="checkbox"/> Treatment Operator <input type="checkbox"/> Distribution Operator <input type="checkbox"/> Supervisor of Operators <input type="checkbox"/> Plant Manager/Superintendent <input type="checkbox"/> Engineer <input type="checkbox"/> Lab Personnel <input type="checkbox"/> Consultant <input type="checkbox"/> Regulatory Personnel <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (Please specify) _____</p> <p>Which of the following best describes your level of experience in the drinking water profession:</p> <p><input type="checkbox"/> 0 – 2 years <input type="checkbox"/> 2 – 7 years <input type="checkbox"/> &gt; 7 years</p> <p>If you are an operator, are you certified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Topic ideas for future satellite conferences and/or other comments (use back if necessary):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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