

Bucks Federation of Women's Institutes
Speaker Feedback

Please complete ALL areas in block capitals

WI: _____ **Date of Meeting:** _____

Name of Programme Planner _____ **Tel:** _____

Speakers Name: _____

Speakers Address: _____

Speakers Telephone No: _____

Subject of Talk: _____

Fee/ Donation: £: __: __ **Travelling Expenses: £: __: __**

(Delete as necessary)

Source of contact: **Year Book:** **Other Source:**

(Please tick)

If other source give details: _____

Did the talk provoke questions? Yes **No**

Would you recommend this **Yes** **No**

speaker to another group?

General remarks _____

President: _____

(signed in Committee)

Please return a copy of this form as soon as possible