



CEDAR FALLS
TOURISM

Post Event/Project Evaluation

Contact: _____

Event/Project Description: _____

Event Date(s): _____

Was your event/project successful? How do you measure this?

Estimated Event Attendance Overall: _____ Number of visitors from 50+ miles away: _____

From where did they come? _____

How did you arrive at these figures? _____

Is there potential for this event to grow in the future and if so, how?

Facility(ies) Used: _____

Were you satisfied with the facility and service(s)? Yes No Comments: _____

Hotel(s) Used: _____

Number of lodging nights created by your event/project: _____

(number of rooms x number of nights)

How did you determine this? _____

Were you satisfied with the facility and service(s)? Yes No Comments: _____

What services did Cedar Falls Tourism provide for this event/project? _____

Were you satisfied with these services? Yes No Comments: _____

Do you plan to hold your event/project in Cedar Falls again? Yes No

When? _____

Do you believe our financial assistance helped increase the number of out-of-town visitors that came to your event or as a result of your project?

Are there any additional comments you wish to make? _____

****Please attach copies of your invoices and send examples of how you recognized Cedar Falls Tourism.**