**BDDG Annual Convention - 10 & 14 October 2024**

**Post-Convention Evaluation Form**

**PLEASE take some time to complete this Evaluation Form.**

**Your comments and observations are very important to the Organising Committee in planning future Conventions.**

**All submitted forms are read and studied.**

**Our brief is to provide a Convention that fulfils your needs and aspirations!**

Last

First

**Name:**

**Email:**

**Medical / Dental / Family Member:**

**How many Conventions have you attended, including this one?**

**Are you AA or ACA or NA or AlAnon or Alateen?**

**Which parts of the Convention did you like best?**

**Which parts did you like least?**

**Suggestions/ideas to include in future Convention?**

**Are you willing to give service at future Conventions?**

**Chairing, sharing. running AA or NA meetings, or anything else?**

**Comments / thoughts that you would like to make about future Conventions?**

**Many thanks!**

**Email to:**

**BDDG Convention Convenor:**

**BDDG National Chairman:** **bddg@btinternet.com**

**BDDG National Secretary:** **natsecretary@bddg.org**

**BDDG Convention Registrar:** **bddg@convregistrar@bddg.org**