CCHS ANNUAL QUESTIONNAIRE! WE WANT TO HEAR FROM YOU!

Your feedback is important! CCHS listens and takes action based on member needs. Please take a moment to fill out your Pre-season Questionnaire so that CCHS can develop the programs and services historical organizations need. Thank you!

Which topics will make the greatest impact/improvement for your organization?

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<tr>
<th>Topic</th>
<th>We need help!!!</th>
<th>Topic is always of interest</th>
<th>Maybe</th>
<th>Probably Not</th>
<th>We have an expert with us</th>
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<td>☐</td>
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What are the greatest challenges facing your organization?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does your organization have a meeting site available or close by where we could offer one of our regional workshops? Suggested sites should be able to accommodate approximately 40 guests.

Location: ________________________________________________________________

Contact information: ______________________________________________________

Is there a member in your organization who is knowledgeable about topics of interest to historical organizations that may like to speak at a CCHS event?

Who should we contact? ________________________________________________

More on back ...
Are you interested in learning more about hosting a CCHS Workshop in your region?

___ Yes ___ No

Can you suggest an interesting destination for a future workshop or Annual Meeting location?
(Consider costs, drivability, and historical interest)

______________________________________________________________________________

If you are not already attending Workshops or the Annual Meeting, what would compel you to attend?

______________________________________________________________________________

______________________________________________________________________________

Do you have any additional comments you would like to share with us?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Are you interested in learning more about getting involved/volunteering with CCHS?

___ Yes ___ No

Name: ____________________________________________

Organization: _______________________________________

Phone: _____________________________________________

Email address: ___________________________________________

Organization’s Website: _______________________________________

Thank you!!!