



Akron Area Board of REALTORS®

Akron Area Board of REALTORS® Orientation Evaluation

Please complete this evaluation form and return the completed form to the Akron Area Board of REALTORS®, Attn: Membership Coordinator via fax at (330) 434-4641 or via mail at P.O. Box 1663, Akron, OH 44309-1663.

THIS STEP MUST BE COMPLETED IN ORDER TO MEET YOUR REQUIREMENT OF ATTENDING ORIENTATION.

(Check One)

The program is effective in introducing me to the Akron Area Board of REALTORS®. Yes ___ No ___

The CD format is an effective way to present the orientation. Yes ___ No ___

Is the information what you expected? Yes ___ No ___

Are there areas that you feel need clarification? Yes ___ No ___

If yes, please explain: _____

Do you recommend we keep this format for the orientation? Yes ___ No ___

What two AABOR committees interest you the most?

1. _____ 2. _____

Would you like to hear from a committee member? Yes ___ No ___

Name: _____

Email: _____ Phone: _____

General Comments: _____

