

Queens Memory Participant Feedback

Have you been to a Queens Memory event before? Yes No

How did you hear about the event? _____

Did you bring materials to digitize? Yes No

Why did you come to this event? _____

Did you learn anything new? What did you learn about? _____

What was the highlight of the event for you? _____

Did you meet anyone new who was ... from a different generation?

from a different culture?

from your neighborhood?

How could this event have been improved? _____

What is your date of birth? (This is so we can understand which age groups we are engaging).

/ /

What is your zip code? _____ (So we can know if we are attracting a local audience).

Additional Thoughts _____

Contact Information (Optional)

Name: _____

Email: _____

Phone: _____



**QUEENS
MEMORY**