

CBA CONFERENCE 2024 – FEEDBACK FORM

We are very interested to receive feedback from you about this year's conference so we can continue to improve.

We would really appreciate it if you would take just a few moments to complete this form. Please hand the form in at the front of the lecture theatre as you leave.

Thank you for attending the conference this year – and we hope to see you again next year!

1. Please indicate in which region of New Zealand you are based.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Northland | <input type="checkbox"/> Auckland | <input type="checkbox"/> Waikato |
| <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Gisborne | <input type="checkbox"/> Hawkes Bay |
| <input type="checkbox"/> Taranaki | <input type="checkbox"/> Manawatu/Whanganui | <input type="checkbox"/> Wellington |
| <input type="checkbox"/> Tasman | <input type="checkbox"/> Nelson | <input type="checkbox"/> Marlborough |
| <input type="checkbox"/> West Coast | <input type="checkbox"/> Canterbury | <input type="checkbox"/> Otago |
| <input type="checkbox"/> Southland | | |

2. Please indicate the nature of your legal practice?

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Independent Practice | <input type="checkbox"/> Law Firm | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> In House Counsel | <input type="checkbox"/> Academic | <input type="checkbox"/> Judiciary |
| <input type="checkbox"/> Other: _____ | | |

3. Was the location of the conference (Auckland) a significant reason why you attended this year?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

4. Please indicate your preference for the location of next year's conference.

- | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Queenstown | <input type="checkbox"/> Rotorua |
| <input type="checkbox"/> Wellington | <input type="checkbox"/> Christchurch | <input type="checkbox"/> Other: _____ |

