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Service Provider Networking Breakfast – March 12, 2019

Follow-Up Survey

Name: _____

Email & Phone: _____

Organization: _____

Organization address: _____

1. Did you find this networking event valuable? **Yes / No**
2. Would you be interested in attending another networking event with Autism Speaks?
Yes/ No
3. Would you suggest this event to your co-workers or peers? **Yes / No**

Areas of Continued Partnership with Autism Speaks

Rank level of interest: **1**- Most Interested, **2** - Very Interested, **3** – Need to learn more

Opportunities include:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Starting a team for the Westchester/ Fairfield Autism Speaks Walk |
| <input type="checkbox"/> | Having my organization sponsor the 2019 Westchester/ Fairfield Autism Speaks Walk |
| <input type="checkbox"/> | Help Distribute Walk Posters and Brochures in your Communities |
| <input type="checkbox"/> | Joining the Autism Speaks Walk Planning Committee |
| <input type="checkbox"/> | Co-hosting a networking or mission-related event at my location |
| <input type="checkbox"/> | Planning a customized workplace fundraising event or activity to support the Westchester/ Fairfield Walk (e.g. Blue Jeans Day, Puzzle Piece Wall campaign, virtual walk/run) |

Additional comments/suggestions: _____
