



# PROPOSED BOARD MEETING DATES FOR 2016

JANUARY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JULY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

OCTOBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

MAY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

MARCH						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

SEPTEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

PROPOSED 2016 DATES
STATE HOLIDAYS
JANUARY 27
FEBRUARY 24
MARCH 23
APRIL 27
MAY 25
JUNE 22
JULY 27
AUGUST 24
SEPTEMBER 28
OCTOBER 18
NOVEMBER 23
DECEMBER 28

**MEETING LOCATION**

STATE INVESTMENT BOARD  
 Large Conference Room  
 2100 Evergreen Park Drive SW  
 Suite 100  
 Olympia, WA 98502

**CONTACT**

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 recep@leoff.wa.gov



# Meeting Feedback Form

Off-Site Meeting

October 15, 2015

This form provides an opportunity for you to evaluate today's meeting and will assist the Team in planning future off-site programs. Please let us know your thoughts. Suggestions, comments and criticisms are invited! Thank you.

## MEETING EVALUATION

1. Please provide your feedback on how well your expectations were met in today's OFF-SITE MEETING

	Did Not Meet My Expectations	Partially Met My Expectations	Met My Expectations	Exceeded My Expectations	Comments
Agenda/Topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Work Sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Handouts & Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Opportunity to Network/Interact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overall Productivity of Meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## FACILITY EVALUATION

2. Please provide your feedback on how well your expectations were met by the facility and catering for today's OFF-SITE MEETING

	Did Not Meet My Expectations	Partially Met My Expectations	Met My Expectations	Exceeded My Expectations	Comments
Meeting Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Meeting Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Catering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

3. Is there another topic you would have liked to discuss?

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4. Please provide any other feedback that will help the team exceed your expectations for your off-site meetings.

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Would you like a member of the Team to follow up with you about any comments on this evaluation?

Name (Optional)

Yes

No