

**INTERNATIONAL CONFERENCE OF SYMPHONY AND OPERA MUSICIANS
DELEGATE CONDUCTOR EVALUATION REPORT FORM (REVISED 2003)**

Please Print Clearly!

Orchestra: _____

Delegate name: _____

Address: _____

Email address if you want the results expedited to you via e-mail (recommended):

I will follow all stated ICSOM policies as regards the security of this information

(signed) _____

Conductor Information:

Name (first and last): _____

- Current Position (check one):
- _____ 1. Music Director
 - _____ 2. Music Advisor
 - _____ 3. Principal Guest
 - _____ 4. Associate/Resident
 - _____ 5. Assistant
 - _____ 6. Apprentice
 - _____ 7. Principal Pops Conductor
 - _____ 8. Guest
 - _____ a. Former Music Director
 - _____ b. 1st set of concerts
 - _____ c. 2nd set of concerts
 - _____ d. 3rd or more

Program Information:

Dates of Performances: _____

- Repertoire: (check all that apply):
- _____ 1. Baroque
 - _____ 2. Classical
 - _____ 3. Romantic
 - _____ 4. Early 20th Century
 - _____ 5. Contemporary
 - _____ 6. Pop/Jazz
 - _____ 7. Opera (at least one full act)
 - _____ 8. Other

This evaluation covers _____ week(s) of concerts. Please send me _____ new forms (multiples of 500).

Send completed forms to:

Wayne State University
Testing, Evaluation and Research Services
Room 652 Student Center Building
5221 Gullen Mall
Detroit, MI 48202