

MEETING FEEDBACK

Thank you for responding. Your comments help us continue to improve our meetings.

For each item, please circle one number that best describes your opinion. If you rate an item below 3, please explain.



The Session

1=Poor 5=Excellent

- | | | | | | |
|--|---|---|---|---|---|
| 1 Relevance of the topic for me and my organization | 1 | 2 | 3 | 4 | 5 |
| 2 Ability to use what I learned in my job | 1 | 2 | 3 | 4 | 5 |
| 3 Length of session | 1 | 2 | 3 | 4 | 5 |
| 4 Structure of the session (Single speaker, panel, etc.) | 1 | 2 | 3 | 4 | 5 |
| 5 Overall rating of the session | 1 | 2 | 3 | 4 | 5 |

Comments on the session:

The Presenter

- | | | | | | |
|---|---|---|---|---|---|
| 6 Ability to make subject understandable | 1 | 2 | 3 | 4 | 5 |
| 7 Ability to relate subject to 'real world' | 1 | 2 | 3 | 4 | 5 |
| 8 Ability to answer questions | 1 | 2 | 3 | 4 | 5 |
| 9 Ability to get audience participation | 1 | 2 | 3 | 4 | 5 |
| 10 Overall knowledge of subject | 1 | 2 | 3 | 4 | 5 |

Comments on the presenter(s):

The facilities

- | | | | | | |
|--|---|---|---|---|---|
| 11 Room arrangements - for interaction | 1 | 2 | 3 | 4 | 5 |
| 12 Room arrangements - for ability to hear and see | 1 | 2 | 3 | 4 | 5 |
| 13 Convenience of meeting location | 1 | 2 | 3 | 4 | 5 |

Comments on the facilities:

What additional topics or other suggestions do you have for future meetings?

Can you help identify speaker for the future? Please provide name and contact information