

Participant Feedback Form

We value your opinions and want to know what you thought about today's program

Program Title _____ Date _____

Program Leader Dr. Alex Garcia

Circle the number which represents your response to each item.

POOR FAIR EXCELLENT

1. Please give your impression of the presentation: 1 2 3 4 5 6 7 8 9 10

What was the most beneficial aspect of the presentation?

Were there any aspects of the presentation that was not beneficial?

2. What overall rating would you give the content presented? 1 2 3 4 5 6 7 8 9 10

What was most helpful?

What was irrelevant?

3. How would you rate the speaker?

Overall effectiveness 1 2 3 4 5 6 7 8 9 10

Knowledge of the subject 1 2 3 4 5 6 7 8 9 10

Presentation skills 1 2 3 4 5 6 7 8 9 10

Comments: _____

Your Name Job Title/Position Organization

(Area Code) Telephone E-mail Address

Can your comments be used in advertisements?	Yes	No
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