

SEMINAR FEEDBACK FORM



Name: _____

Company Name: _____

E-Mail Address: _____

Phone Number: _____

Fax Number: _____

OVERALL RATING OF CE SEMINAR

A. Needs Improvement B. Average C. Excellent

INSTRUCTOR RATING

A. Needs Improvement B. Average C. Excellent

FACILITY RATING

A. Needs Improvement B. Average C. Excellent

USEFULNESS OF SUBJECT MATTER

A. Needs Improvement B. Average C. Excellent

TIME ALLOTTED

A. Needs Improvement B. Average C. Excellent

SLIDE SHOW

A. Needs Improvement B. Average C. Excellent

COMMENTS
