

# Kimberly Marks, ASID,IIDA

## Seminar Evaluation Form

We are interested in receiving feedback on this seminar. Your honest evaluation will help us improve the quality of the presentation. All responses will be kept confidential. Please fill out your contact information if you would like to receive information about other seminars.

Seminar Title: _____	
Seminar Location: _____	Seminar Date: _____
Your Name (optional): _____	Company (optional): _____
Address (optional) _____	City: _____
State: _____	Zip: _____
E-mail: _____	

(1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, (5) Strongly Agree

### Seminar Evaluation Form

Well Prepared and Organized (1) (2) (3) (4) (5)

Clear and Articulate (1) (2) (3) (4) (5)

Interesting (1) (2) (3) (4) (5)

Knowledgeable About Subject (1) (2) (3) (4) (5)

### Program Evaluation

Liked Session Format (1) (2) (3) (4) (5)

Gained Knowledge (1) (2) (3) (4) (5)

Good Overall Quality (1) (2) (3) (4) (5)

### Program Questions

The content/material presented was:

Enough     Too Much     Too Little     Complicated

What did you like about this session/program? \_\_\_\_\_

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What are your suggestions for improvement? \_\_\_\_\_

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