

Seminar EVALUATION

Thank you for attending today's seminar.

I would greatly appreciate it if you could take a few minutes to complete this evaluation form. All responses will be kept strictly confidential and used only to help improve the delivery of future presentations.

Please check the appropriate box for each of the items below.

Seminar content	Strongly agree	Agree	Disagree	Strongly disagree	Does not apply
The content was meaningful and relevant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The speaker was clear, effective and stimulating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned some important new information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more encouraged to continue investing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my questions were answered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this seminar to a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seminar and experience	Strongly agree	Agree	Disagree	Strongly disagree	Does not apply
I was very satisfied with...					
The overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of supporting materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to arrange a complimentary consultation?

☐ YES ☐ NO

If yes, best time:

Name:

Address:

Phone number:

Email:

Comments? Suggestions?

Add any other thoughts and opinions about this seminar. I value your feedback.

List other topics about which you would be interested in learning more.

Please return this evaluation to your host at the completion of the seminar.
Thank you for your participation.

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