

**GHSU Education Discovery Institute**  
**Educational Program Evaluation Workshop Registration**  
**Tuesday, November 15, 2011**

**Please complete this form and return electronically to Janelle Davis, at [rdavis@georgiahealth.edu](mailto:rdavis@georgiahealth.edu) no later than November 8, 2011.**

Name: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

1. How would you rate your existing level of expertise on this workshop topic?

Novice

Competent

Expert

2. Please describe BRIEFLY why you would like to participate in the workshop:

3. Please describe BRIEFLY a project you are developing or currently working on that would incorporate the content of this workshop:

Your responses will help ensure the workshop is tailored to the needs of the participants.

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