



## SCTE The Alaska Chapter Technical Training Evaluation Form

1. Name (optional) \_\_\_\_\_
  2. Title of training? \_\_\_\_\_
  3. Was this topic pertinent to your present position? \_\_\_\_\_
  4. Was this topic pertinent to your future position? \_\_\_\_\_
  5. How was the overall training class? \_\_\_\_\_  
\_\_\_\_\_
  6. What are additional topics you would like to see? \_\_\_\_\_  
\_\_\_\_\_
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