{ADD Meeting Title here} Jointly Sponsored by AANS {ADD Meeting Dates here}

Sample Participant Evaluation Form

Rati	ing Scale (Circle the appropriate 1=Poor 2=Fair		ate letter) 3=Good	4= V	4= Very Good			5= Excellent	
	RNING OBJECT well were the		ectives met?						
	Objective 1 (Please write ou	ut each object	tive)	1	2	3	4	5	
2. (Objective 2			1	2	3	4	5	
C	comments:								
4. 1 5. (OGRAM Topics addresse Content relevar Opportunities fo	nt to my practi	ce	1 1 1	2 2 2	3 3 3	4	5 5 5	
7. \	What did you lik	ke most about	this meeting?						
8. \	. What changes do you intend to make in your practice as a result of the meeting?								
-									
9.	How could this	meeting be in	nproved?						
10.	Did you perceive any commercial bias during this program?YesNo If yes , please explain what was perceived as promotional and not educational, (Please include the presentation title and presenter):								
11.	What topics for future programs or information would be of greatest interest you?						erest to		

FAC	ULTY
12.	Faculty communicated clearly and effectively within the allotted time:
	1 2 3 4 5
13.	I recommend the following speaker(s) for your consideration in future planning:
	Comments regarding faculty:
Nan	ne: (optional)
	(Please Print)

Please turn in this completed evaluation at the end of the meeting to staff at the registration desk. Your answers will be kept confidential. *Thank you*.

NOTE: You will receive a request from AANS to participate in a follow-up survey at the start of the new year as to what changes you made in your practice as a result of participating in this CME activity and/or what barriers prevented you from making the changes in your practice.