

«Time»

Name of Session Name of Speaker		
Learning Objectives - At the end of the session, participants should be able to: 1. 2. 3. 4.		
I attended	<input type="checkbox"/> Yes <input type="checkbox"/> No	General comments:
Objectives were stated and clear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Objectives were met*	1 2 3 4 5	
Presentation was clear and precise*	1 2 3 4 5	Did you feel there was commercial bias? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please comment.
Relevance to my practice*	1 2 3 4 5	
There was sufficient opportunity for discussion and questions within the educational content	<input type="checkbox"/> Yes <input type="checkbox"/> No	What changes do you anticipate bringing to your practice as a result of this session?
Speaker should be invited again	<input type="checkbox"/> Yes <input type="checkbox"/> No	

«Next Record»«Time»

Name of Session Name of Speaker		
Learning Objectives - At the end of the session, participants should be able to: 1. 2. 3. 4.		
I attended	<input type="checkbox"/> Yes <input type="checkbox"/> No	General comments:
Objectives were stated and clear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Objectives were met*	1 2 3 4 5	
Presentation was clear and precise*	1 2 3 4 5	Did you feel there was commercial bias? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please comment.
Relevance to my practice*	1 2 3 4 5	
There was sufficient opportunity for discussion and questions within the educational content	<input type="checkbox"/> Yes <input type="checkbox"/> No	What changes do you anticipate bringing to your practice as a result of this session?
Speaker should be invited again	<input type="checkbox"/> Yes <input type="checkbox"/> No	

«Next Record»«Time»

Name of Session		
Name of Speaker		
Learning Objectives - At the end of the session, participants should be able to:		
1.		
2.		
3.		
4.		
I attended	<input type="checkbox"/> Yes <input type="checkbox"/> No	General comments:
Objectives were stated and clear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Objectives were met*	1 2 3 4 5	
Presentation was clear and precise*	1 2 3 4 5	Did you feel there was commercial bias? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please comment.
Relevance to my practice*	1 2 3 4 5	
There was sufficient opportunity for discussion and questions within the educational content	<input type="checkbox"/> Yes <input type="checkbox"/> No	What changes do you anticipate bringing to your practice as a result of this session?
Speaker should be invited again	<input type="checkbox"/> Yes <input type="checkbox"/> No	

«Next Record»«Time»

Name of Session		
Name of Speaker		
Learning Objectives - At the end of the session, participants should be able to:		
1.		
2.		
3.		
4.		
I attended	<input type="checkbox"/> Yes <input type="checkbox"/> No	General comments:
Objectives were stated and clear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Objectives were met*	1 2 3 4 5	
Presentation was clear and precise*	1 2 3 4 5	Did you feel there was commercial bias? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please comment.
Relevance to my practice*	1 2 3 4 5	
There was sufficient opportunity for discussion and questions within the educational content	<input type="checkbox"/> Yes <input type="checkbox"/> No	What changes do you anticipate bringing to your practice as a result of this session?
Speaker should be invited again	<input type="checkbox"/> Yes <input type="checkbox"/> No	