|  |
| --- |
| Please complete the evaluation form and return to seminars@laurales.com |
| Please rank each of the following components on a scale from 1 (Poor) to 5 (Excellent) |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Seminar Date |  |
| Instructor |  | Subject |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| Content |  |  |  |  |  |
| Facility |  |  |  |  |  |
| Materials |  |  |  |  |  |
| Trainer |  |  |  |  |  |

Additional Comments