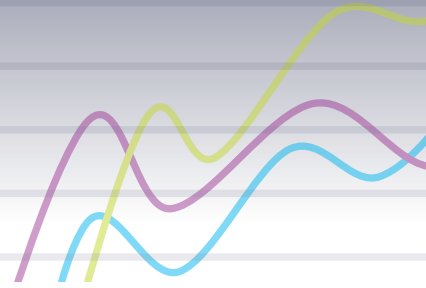




EVALUATION FORM



Please complete and return this form. Thank you.

Please rate each of the following elements of the meeting according to this scale:

Presentations

Poor

Excellent

Global Program

Poor

Excellent

How well did the meeting meet the stated objectives?

Relevance to clinical practice

Program format

Quality of meeting organization

Please answer the following questions:

What could have been done to improve this meeting?

Additional comments:
