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| **Program:** |  | **Date:** |  |

We would like to obtain your feedback regarding the program you have attended. Please complete the following by ticking the relevant box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How useful was the program?** | **Very Good** | **Good** | **Average** | **Poor** | **Very Poor** |
| Did the presentation meet your expectations |  |  |  |  |  |
| Length of program |  |  |  |  |  |
| Materials provided |  |  |  |  |  |
| How interested are you in the speaker for future presentations |  |  |  |  |  |

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| --- |
| **What was the most enjoyable part of the program and why?** |
|  |
| **What are other topics that you would like to attend in the future?**  |
|  |
| **What is the best day and time for you to attend a program?** |
|  |
| **Where did you hear about this program?** |
|  |

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| --- |
| **Any additional comments** |
|  |

**Name and Contact information: (optional)**

**Would you like to receive our e-newsletter? Please give us your email address.**