Activity Title: ________________________________ Date: ____________________

Session Title: ____________________________________________________________________________

Speaker: __________________________________________________________________________________

We greatly appreciate your feedback, it will provide valuable information for improving our CME activities.

Please evaluate the following items using the scale of:
   1-Excellent,   2-Good,   3-Satisfactory,   4-Poor,   5-Very Poor

1. Meeting Facility  1 2 3 4 5
2. Participation  1 2 3 4 5
3. Speaker  1 2 3 4 5
4. Were appropriate acknowledgements of commercial support and speaker disclosure/s made to the audience? Yes________ No_________
   If not, how did you remedy the situation?________________________________________________________

5. Was appropriate disclosure/s of off-label/investigative uses of product/device(s) made to the audience? Yes________ No_________
   If not, how did you remedy the situation?________________________________________________________

6. If you detected bias in any of the presentations, please describe how you remedied the situation:
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

8. We would deeply appreciate receiving any suggestions you have for improving the activity, or any comments you wish to share:
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

Thank you for completing this evaluation form.

Signature: _________________________________________________________________________________