Medical Conference Session Evaluation Form

Session Information

Session Title	
Presenter(s)	
riesellei(s)	
Participant Information Your Name	
Email	
Session Evaluation	
1. The session met my expectations	
O 1	
C 2 C	
3	
C 4	
C 5	
2. The presenter was clear and effective	
O 1	
C 2	
2 C 3	
3 C 4	
4 C 5	
3. The content was relevant and useful	
O 1	
C 2	
C 3	
2 C 3 C 4	
C 5	

Comments & Suggestions

Comments

Other sessions you would like to see in the future				
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