

Medical Conference Session Evaluation Form

Session Information

Session Title

Presenter(s)

Participant Information

Your Name

Email

Session Evaluation

1. The session met my expectations

☐

1

☐

2

☐

3

☐

4

☐

5

2. The presenter was clear and effective

☐

1

☐

2

☐

3

☐

4

☐

5

3. The content was relevant and useful

☐

1

☐

2

☐

3

☐

4

☐

5

Comments & Suggestions

Comments

Other sessions you would like to see in the future