

VIDEOCONFERENCE EVALUATION FORM – Rabies by Dr. Zoutman

Date: November 17, 2011 Location: _____ *PLEASE PRINT CLEARLY*

1. How would you rate the overall value of this program?

1 - Poor 2 - 3 - 4 - 5 - Excellent

How would you rate the overall registration procedure?

1 - Poor 2 - 3 - 4 - 5 - Excellent

How would you rate the technical quality of this videoconference?

1 - Poor 2 - 3 - 4 - 5 - Excellent

2. a) Did you find the program format satisfactory? Yes No Please explain:

3. Was the speaker's presentation effective? Yes No Comments:

4. Please provide suggestions for future topics / programs? Are there any particular speakers you would like to hear present via Videoconference?

Contact Information (This form must be filled out in order to receive a CME Credit)

Please Print Clearly

Name: _____ Discipline (Indicate if RN, RPN, NP, MD or other): _____

Organization: _____

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Do you wish to be contacted for future presentations? If Yes, please indicate method: Yes No

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Please return this form to Marianne Walker at Fax: (613) 548-3576 or Marianne.Walker@oahpp.ca