

## COA 2006 EVALUATION - OVERALL

Each session will have its own evaluation sheet that we would be most appreciative if you would complete at the end of the session.

This evaluation is for the meeting as a whole and should be completed and returned to the COA Secretariat at the conclusion. Your input is highly valued and will be used for future programs.

Thank you for your assistance.

Please circle your responses:

|                      |  |                                    |   |  |   |
|----------------------|--|------------------------------------|---|--|---|
| Poster Presentations | 1 = Poor<br>2 = Below average<br>3 = Average | 4 = Above average<br>5 = Excellent | Was there adequate time in the program to view the posters? | Was the author available during scheduled viewing times? | Did you learn something new that will impact your patient care? |
|                      | 1   2   3   4   5                            |                                    | YES   NO  | YES   NO   | YES   NO  |

|  | Poor<br>1 | Below average<br>2 | Average<br>3 | Above average<br>4 | Excellent<br>5 |
|--|-----------|--------------------|--------------|--------------------|----------------|
| Quality of the Sheraton Centre facility  |           |                    |              |                    |                |
| Quality of the AV service  |           |                    |              |                    |                |
| Overall, how do you rate the educational components of the conference?                           |           |                    |              |                    |                |
| All things considered, how would you evaluate the value of the conference (your costs/benefits)? |           |                    |              |                    |                |

|   | Too short<br>1 | Appropriate<br>2 | Too long<br>3 |
|---|----------------|------------------|---------------|
| Time allocated for exhibit viewing  |                |                  |               |
| Was there adequate time throughout the meeting for interaction with your peers? |                |                  |               |
| Did the overall conference meet your expectations?                              |                |                  |               |
| Would you prefer a recreational afternoon be incorporated in the meeting?       |                |                  |               |

Comment on how to improve future meetings: \_\_\_\_\_

\_\_\_\_\_

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