

# Annual 37-Hour Program in Lower Extremity Medicine and Surgery

## OVERALL WEBINAR EVALUATION FORM

Please fax your replies to 518-692-8939

Your status (please circle one)      Resident DPM      DPM      Other

If you indicated "other," please explain: \_\_\_\_\_

1. What motivated you to attend this seminar? (Please check one)

\_\_\_\_\_ CME credits      \_\_\_\_\_ Affordability      \_\_\_\_\_ Location      \_\_\_\_\_ Educational Update  
\_\_\_\_\_ Recommended by a Colleague      \_\_\_\_\_ Other

2. Did the material presented at this seminar meet your expectations?      Yes      No

3. At what level of detail were topics presented?

Too Basic      Basic      Appropriate      Too Complex

4. To what extent will the material presented have an impact on your work?

Significant      Moderate      Little      Very Little      None

5. What presentations were most beneficial to you? \_\_\_\_\_

\_\_\_\_\_

6. Least beneficial? \_\_\_\_\_

\_\_\_\_\_

7. How could the program have been improved? \_\_\_\_\_

\_\_\_\_\_

8. How did you learn about the seminar?

\_\_\_\_\_ Direct Mail      \_\_\_\_\_ E-Mail Notice      \_\_\_\_\_ From another Person      \_\_\_\_\_ From another Seminar      \_\_\_\_\_ Other

If other, please specify: \_\_\_\_\_

(Continued on back)

9. How well organized was the seminar (administration/publicity/registration)?

Excellent                      Very Good                      Good                      Fair                      Poor

10. How would you rate the facilities (food/beverages/room set up/environment/overnight accommodations)?

Excellent                      Very Good                      Good                      Fair                      Poor

11. What specific CME seminar topics would you like to see presented in the future?

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**Thank you again for your support of the ACLES Annual 30-Hour Program in Lower Extremity Medicine and Surgery!**

**We appreciate your feedback and hope you will join us again next year!**

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**AMHSJH & ACLES providers of this program**