



Fields of Knowledge

November 13, 2014

Education Event- Evaluation Form

Attendee Information (Optional)

Name of Facility:	Attendee Name:
Role:	Email Address:

Review Guidelines

Circle/ answer all applicable answers

1. Overall, how did we meet your expectations for this event?	Did not meet expectations	Met my expectations	You hit it out of the park
2. Overall, how did the venue meet your expectations?	Did not meet expectations	Met my expectations	You hit it out of the park
3. How satisfied were you with the event registration process?	Did not meet expectations	Met my expectations	You hit it out of the park
4. How satisfied were you with the event's organization?	Did not meet expectations	Met my expectations	You hit it out of the park
5. What was your goal coming into this event?	Education	Networking	Specific topic:
6.			
7. Are you a member of IPAC-Canada?	Yes	No	Member since:
a. If yes, which Chapter are you a member of?			
b. If not a member, would you like to receive information on member benefits?	Yes	No	<i>*If yes, make sure to include your email above</i>
8. Please tell us whose presentation you found the most beneficial, and why	Presenter:		
9. Please tell us whose presentation you found the least beneficial, and why	Presenter:		
10. List IPAC topics that you would like to learn about next year			

Thank you for your attendance today; we look forward to seeing you again

