



NORTHEASTERN SOCIETY OF PERIODONTISTS

MEETING EVALUATION FORM

Your input is important to us in determining whether our Program meets your needs and interests. Please fill out this form and leave it at the registration desk or mail it to:

Northeastern Society of Periodontists
c/o Dr. David I. Kratenstein
184 Pond View Drive
Port Washington, NY 11050

Meeting Date: _____

OVERALL SESSION

- | | | |
|--|-----|----|
| 1. Subject was relevant. | Yes | No |
| 2. Session was described accurately in the promotional material. | Yes | No |
| 3. New Information was provided. | Yes | No |
| 4. Audio visuals related to subject. | Yes | No |
| 5. The course met the stated learning objectives. | Yes | No |

SPEAKERS

- | | | |
|--|-----|----|
| 1. Were the speakers prepared? | Yes | No |
| 2. Was the time spent on lecture information adequate? | Yes | No |
| 3. Were the speakers responsive to questions? | Yes | No |
| 4. Did the speakers achieve the goals of the lecture? | Yes | No |

Please use a the back of this form to evaluate each speaker.

CONTINUING EDUCATION SURVEY- please use other side of paper

1. Suggestions for Continuing Education Program improvements.
2. What other course/speakers would you suggest?
3. Would you recommend another program on these subjects?

WEB SITE QUESTIONNAIRE

- | | | |
|------------------------------------|-----|----|
| Do you have your own site? | Yes | No |
| Would you like a link to nesp.org? | Yes | No |

Please list your web site address: _____
and/or your e-mail address: _____

PLEASE RETURN AT THE END OF THE PROGRAM OR MAIL RESPOSE TO THE ADDRESS AT THE TOP OF THE FORM