

## C.E. EVALUATION FORM

Thank you for attending Symposium in the Ozarks 2011. It is our hope that you have found the courses beneficial, and enjoyable. As we desire to continue offering the most positive and productive seminar possible, we need your feedback. Please take a moment to fill out this evaluation completely and drop it off at the conclusion of the meeting, or mail/fax it back to us. FAX: (479) 521-6761. Once again, thank you for being a part of the 2011 Symposium in the Ozarks.

**Program Summary:**

1. Overall, do you believe the entire program day was beneficial? \_\_\_\_\_  
 If no, please explain: \_\_\_\_\_

2. On a scale of 1-10 (*10 being excellent*) please rate the quality of each:

<b>Speakers:</b>	delivery	examples	voice	enthusiasm	pace	AV
1. Jeff Krall, O.D.	_____	_____	_____	_____	_____	_____
2. J.E. "Jay" McDonald II, M.D.	_____	_____	_____	_____	_____	_____
3. Brad Talley, M.D.	_____	_____	_____	_____	_____	_____
4. John McGreal, O.D.	_____	_____	_____	_____	_____	_____
5. Chad Betts, M.D. R.Ph.	_____	_____	_____	_____	_____	_____

<b>Content:</b>	Timely	Relevance to your practice
1. <i>"Headaches, Dry Eye, Eyestrain: Building New Practice Profit Centers"</i>	_____	_____
2. <i>"Vision Exposed: Looking Behind the Blind Veil of Optics"</i>	_____	_____
3. <i>"Anterior and Posterior Segment Grand Rounds"</i>	_____	_____
4. <i>"New Pharmaceuticals in Clinical Practice"</i>	_____	_____
5. <i>"Premium Channel Update"</i>	_____	_____
6. <i>"Understanding PQRI Guidelines"</i>	_____	_____

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What Topics would you like to see included in future programs?  
 \_\_\_\_\_

Any specific speakers you would like to hear? \_\_\_\_\_

**Facility:**

1. Overall, were you satisfied with the Embassy Suites facility? YES NO (if no, please comment)

\_\_\_\_\_

2. Did you spend the night in the hotel? YES NO

If no, were you unable to secure a room? \_\_\_\_\_

3. Was the seating arrangement comfortable and conducive to learning? YES NO (if no, please comment) \_\_\_\_\_

4. Room temperature comfortable? YES NO \_\_\_\_\_

5. Meals and Snacks please rate 1-10 (*10 being excellent*)

Breakfast

Break

Lunch

Snacks

Beverages

Facility staff service

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments re: facility/food/beverage service: \_\_\_\_\_

\_\_\_\_\_

**Future C.E. events:**

1. How many credit hours would you like to see offered at our next event? \_\_\_\_\_

2. In which month would you prefer the seminar be held? \_\_\_\_\_ Which day of the week? \_\_\_\_\_

3. At future Symposiums, would it be beneficial to have *concurrently* offered courses accredited by ABO/NCLE/JCAHPO, etc. for your staff to attend? YES NO If yes, how many staff members would you anticipate bringing and which certification(s) most relevant? \_\_\_\_\_

\_\_\_\_\_

4. Would you like additional brochures or other information from McDonald Eye Associates? \_\_\_\_\_

If so, what items? \_\_\_\_\_

5. Would you like to be kept on our mailing list? \_\_\_\_\_

6. E-Mail address \_\_\_\_\_

7. Name and phone number (*optional*) \_\_\_\_\_

***Thanks once again for your time and input  
&  
See you next year!***