

PROGRAM EVALUATION

AOCD Fall Meeting
October 26-28, 2014
Seattle, WA

1. What was your reason for enrollment?
 Program topics
 Location of the program
 Desire to broaden your knowledge
 Needed CME hours
 Other _____

2. Were you interested in a specific speaker?
 Yes, If so, who _____
 No

3. Have you previously attended an AOCD CME program?
 Yes No

4. What is the population of the city in which you practice?
 under 10,000 10,000-30,000 30,000-50,000 50,000-100,000
 over 100,000

5. What type of practice are you currently engaged in?
 solo group hospital military retired

6. List the subjects you felt were most valuable to you.

7. List the subjects you felt could have been omitted.

8. If you could choose ONE location to attend a CME program, where would it be?

9. List three topics you would like to see presented at a future meeting and why.
1. _____
2. _____
3. _____

10. What was the best part of your experience at this meeting?

11. What was the worst part of your experience at this meeting?

12. Overall, was the activity commercially biased? _____ YES _____ NO

General Evaluation (please circle one)	Excellent	Good	Average	Fair	Poor
Program content	5	4	3	2	1
Scheduling	5	4	3	2	1
Length of program	5	4	3	2	1
Program publicity	5	4	3	2	1
Facilities	5	4	3	2	1
Overall rating of program	5	4	3	2	1

Thank you for taking the time to complete this evaluation. It is greatly appreciated and will facilitate planning for future meetings.

Marsha A. Wise
Executive Director