



Conference Evaluation Form

Your feedback is critical for BSCBCD to ensure we are meeting your educational needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Please return this form to the instructor or organizer at the end of the conference. Thank you.

Conference title: _____

Date: _____ Instructor: _____

	Strongly agree				Strongly disagree
1. The content was as described in publicity materials	1	2	3	4	5
2. The conference was applicable to my job	1	2	3	4	5
3. I will recommend this conference to other conservators	1	2	3	4	5
4. The program was well paced within the allotted time	1	2	3	4	5
5. The instructor was a good communicator	1	2	3	4	5
6. The material was presented in an organized manner	1	2	3	4	5
7. The instructor was knowledgeable on the topic	1	2	3	4	5
8. I would be interested in attending a follow-up, more advanced conference on this same subject	1	2	3	4	5

9. Given the topic, was this conference: a. Too short b. Right length c. Too long

10. In your opinion, was this conference: a. Introductory b. Intermediate c. Advanced

11. Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Acoustics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Meeting space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The program overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What did you most appreciate/enjoy/think was best about the course? Any suggestions for improvement?

For Office Use Only: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

OVER, Please →→→

Your Background

13. Which of the following **best** describes your current position?

- a. Licensed medical practitioner d. Licensed Allied health professional
 b. Licensed Nurses e. Student (are you: Undergrad Graduate Post-grad)
 c. Educator f. Other: _____

14. How many years of professional experience do you have in the conservation profession? _____ years

15. Please write your **top** area of specialization using the below

Future Needs

16. I would be able to do my work better if I knew more about

17. Please describe the top two topics you would like to learn more about in the next 12 months:

Topic 1: _____

Preferred level: a. Introductory b. Intermediate c. Advanced

Preferred format: a. Seminar/conference (how many days? _____)
 b. Self-study materials
 c. Interactive distance learning (i.e., Web-based)
 d. Other: _____

Topic 2: _____

Preferred level: a. Introductory b. Intermediate c. Advanced

Preferred format a. Seminar/conference (how many days? _____)
 b. Self-study materials
 c. Interactive distance learning (i.e., Web-based)
 d. Other: _____

Thank you!

Please return this form to the instructor or coordinator at the end of the conference.