

# EBSR Training Event

## Feedback Form

### Name and date of event

In order to understand how far this event has met your needs and expectations, please take the time to complete this form and return it by fax to **fax number**.

#### 1. Please indicate your overall opinion of the event by ticking the appropriate box:

	Not at all	Partially	Completely
Did the event meet your objectives for attendance?			
Did you find the training activities useful in increasing your skills and knowledge of EBSR?			
Was the format helpful in providing an opportunity for discussion of EBSR issues?			

#### 2. Please indicate your opinion of the presentation by ticking the appropriate box:

Content / information:	Poor <input type="checkbox"/>	As I expected <input type="checkbox"/>	Better than I expected <input type="checkbox"/>
<u>Level</u> of content:	Too theoretical <input type="checkbox"/>	About right <input type="checkbox"/>	Too technical <input type="checkbox"/>
Presentation Delivery:	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>

#### 3. Do you have any suggestions or comments about the way the event was organised?

#### 4. Do you have any comments about the venue or the catering?

#### 5. Do you have any other comments about the training session?

Thank you for your feedback.